

ANNUAL REPORT

ON THE

HEALTH

OF THE

County Borough of Darlington,

FOR THE YEAR 1932.

DARLINGTON.

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County Borough of Darlington.



ANNUAL REPORTS

UPON THE

HEALTH OF DARLINGTON,

For the Year 1932.

G. A. DAWSON, M.D., D.P.H.,

Medical Officer of Health,

Medical Superintendent of the Borough Isolation Hospitals,

School Medical Officer,

Medical Certifier under M.D. Acts.

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INTRODUCTORY LETTER.

HEALTH OFFICE, FEETHAMS,

DARLINGTON.

To the Chairman and Members of the Health Committee

GENTLEMEN,

In presenting this report, I cannot help noting the extraordinary enthusiasm and interest taken in every aspect of our health work during the year by the general population. The requests for information, for talks to organizations, for help at our clinics and hospitals, have been beyond the capacity of the staff throughout the whole year, and in spite of unemployment, depleted finances and black pessimism in many quarters, our statistics as a healthy town in the North East have been well maintained.

As I pointed out last year, our low birth rate (15.6) is not a subject for lament, while I can mention with pride the marked reduction in general death rate from 12.5 to 11.2 in spite of Influenza during the first quarter, the welcome fall in maternal deaths from 11 to 6, the lower infantile mortality rate from 73 to 67 and the drop in the still birth rate from 61.4 to 49.4. There was not a single death from Scarlet Fever, Diphtheria, Typhoid or Encephalitis, while the "childish" infections, Measles and Whooping Cough only inflicted 7 deaths in all, and Tuberculosis showed a marked decrease.

As a more impressive indication of the general health conscience in the town, I must include the very low figure for deaths from Infantile Diarrhoea—once the scourge of our child life but now practically non-existent, owing mainly to more efficient motherhood through maternity and child welfare work, but also to milk inspection, better sanitation, tarred roads and the ousting of the horse by the motor car. For the past few years this latter disease has been considerably less severe in Darlington than in the surrounding areas. Cerebro-Spinal Meningitis caused four cases but only one death in Darlington, while we treated 9 cases from surrounding authorities with 3 deaths in our Infectious Diseases Hospital. Though under no direct obligation, we took in 22 cases of Typhoid from Malton, all the staff gallantly volunteering for duty.

The returns of the Census taken in 1931 have come to hand and show that Darlington takes first place in the North East in the matter of housing and general amenities, and while acknowledging isolated instances of comparative slums in our midst, it is claimed that the situation is well in hand and will be shortly improved by a foreseeing council exercising its powers under the recent legisation. The building of 122 houses by the Council on the Hundens estate at the economic rental of 5s. 5d. to 6s. 8d. has done much to stimulate private builders in erecting small working class dwellings, as well as the larger type of house. The solution of slums and the excessive rent problem lies in provision of adequate cheap houses of modern design.

The ancillary health services have been enhanced by (a) opening of the Public Slaughterhouse and closing of approximately 20 private ones, (b) the completion of the water carriage system throughout the town, over 7.000 privy-ashpits having been converted in the past five years (c) the opening of the new Swimming Bath and Public Hall alongside the old bath, (d) the extension of the Free Library and (e) the opening of the New Memorial Hospital, with medical, surgical, children's and special departments. As a sequel to the latter item, the purchase of the old hospital by the Corporation for the purpose of centralizing Health Administration and Services under one roof, has been a very much needed step in our progress in Darlington. It is hoped that when the new Out-patients' department, laundry and other buildings at the new Hospital are completed at the end of 1933, that occupation will be open to us for this co-ordination and particularly for the extension of our Maternity and Child Welfare Scheme.

The opportunity of transferring our Clinical Tuberculosis work from the County Council now presents itself in this re-organization, but our cordial relations with the County will still be maintained in mutual arrangements for Sanatorium treatment and Dispensary services for the neighbouring county area. Adequate accommodation for the early acute young adult type of pulmonary tuberculosis is still lacking, but the Ministry of Health and Local Authorities are in consultation on the matter. With our maternity and child welfare work, nursery schools and classes, open-air schools, care committee work and general housing improvement, and the periodic medical supervision becoming more generalized, one looks forward to earlier diagnosis and prompt treatment in the eradication of this disease from our midst.

It is with the deepest regret I have to record the death of Dr. John Currie, D.S.O., late Poor Law and Public Assistance Medical Officer and Public Vaccinator. A gallant soldier in the Great War, to the detriment of his health, and an enthusiastic, intensely sympathetic colleague during the past seven years with us in Darlington, he has passed on, leaving the world richer with a sweet memory of his self sacrificing personality. Dr. Wormald, his Deputy, is continuing the work for this year.

I have once more the pleasure of expressing my appreciation of the devotion to duty of all members of my staff during a very difficult year and I also wish to acknowledge to you, gentlemen, my debt of gratitude for the courtesy extended to me at all times.

I am,

Your obedient servant,

GEORGE A DAWSON.

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STAFF.

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- ANDREW McFARLANE, M.D., M.R.C.P., D.P.H., Deputy Medical Officer of Health, Venereal Diseases Medical Officer, Assistant School Medical Officer.
- JOHN CURRIE, D.S.O., M.R.C.S., L.R.C.P., B.Sc., District Medical Officer, Medical Officer Municipal Hospital; Public Vaccinator. (Died 12th July, 1932).
- CONSTANCE C. ROBERTSON, M.B., B.S. (part-time), Maternity and Child Welfare Officer, Inspector of Midwives.
- THOS. L. WORMALD, M.D., D.P.H. (part-time), Deputy Medical Officer, Municipal Hospital; Obstetrician, General Hospital. At present Aeting Medical Officer Municipal Hospital and Public Vaccinator.
- J. L. LIDDELL, L.D.S., Sehool and Maternity and Child Welfare Dental Officer.
- C. G. HILL, M.R.C.V.S. (part-time), Veterinary Surgeon, Milk and Dairies Orders.
- C. J. H. STOCK, B.Sc., F.I.C. (part-time), Public Analyst.

Sanitary Inspectors:—

- A. E. Wade, C.R.San.I., Senior Sanitary Inspector; Certificated Meat Inspector; Inspector, Food and Drugs Acts, Common Lodging Houses, Shops Acts, Rag Flock, Milk and Dairies, Fertilisers and Feeding Stuffs, Farm Produce and Marks, Acts, Rat Officer.
- G. LATIMER, C.R.San.I., Meat and Food Inspector's Certificate, R.S.I.
- G. V. Penn, C.R.San.I. (J.B.), Meat and Food Inspector's Certificate, R.S.1.
- A. W. R. Turnbull, C.R.San.I. (J.B.), A.R.San.I., Meat and Food Inspector's Certificate, R.S.I.
- W. L. Monks, C.R.San.I. (J.B.), A.R.San.I., Meat and Food Inspector's Certificate, R.S.I.

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Miss A. M. McIlwaine, C.M.B., S.R.N.

Miss E. H. Fleetham, C.M.B., S.R.N., C.R.San.I. (J.B.) (new H.V.). Miss H. Patton, C.M.B., C.R.San.I. (J.B.) (new H.V.).

Clerical and Office Staff.—E. C. Stainsby (Chief Clerk), Miss F. E. Gibbon, Miss E. Stephenson, I. Burnley, Miss D. Hutton, E. Canham.

Vaccination Officer, Registrar of Births, &c.—J. O. Tomlin.

Venereal Diseases Orderly—T. LITTON.

Disinfector (part-time)—R. Johnson.

Rat Catcher (part-time)—R. Burnside.

M. and C.W. Home Helps.—Miss A. Brockhill, also Rota of Part-time Temporary Home Helps.

Matron, Infectious Diseases and Smallpox Hospitals.—Miss Flora Kinnear, S.R.N. (General and Fever).

Superintendent Nurse, Municipal Hospital.—Miss A. Moran, S.R.N., C.M.B.

Mental Welfare Supervisor, &c.—Miss Holmes, B.Litt.

Infant Protection Visitor.—Miss V. I. Smiles (part-time).

COMPARATIVE COST OF HEALTH SERVICES.

				1932 d.		1931 d.
General Sanitary Expenses				2.740	• • • •	2.788
Venereal Diseases	• • • •		• • • •	.714		.752
Maternity and Child Welfare		• • • •		2.108	• • • •	2.120
Tuberculosis	• • • •	• • • •		3:518		3.524
Infectious Diseases Hospitals		• • • •		3:422	• • • •	3.664
Baths		* * * *		.664	• • • •	.598
Housing	• • • •			1.090		1.094
Elementary Education	• • • •			30.206		32.710
Higher Education		• • • •		12.278	• • • •	13.146
Library and Museums		• • • •		3:354		3.422
Parks and Recreation Grounds				5.606		6.354
Cemeteries				2.944		3.744
Sewage Disposal				7.690		9:420
Roads, Maintenance				15.064		16:388
,, Improvements				8:380		6.742
,, Cleansing				4.448		4.298
,, Lighting				2.994		2.954
Cleansing Ashpits	• • • •	* * * *	• • • •	6.666	• • • •	6.630
Town Hall, Murkets				1.252	• • • •	2.000
Fire Brigade		• • • •		1.834		2.070
Welfare of Afflicted Persons		• • • •		3:324		2.018
Public Assistance		• • • •		18.800	• • • •	20.786
Police		• • • •		6.982	• • • •	8:316
Administration of Justice		• • • •		1.018		1.048
Salaries and Administration		• • • •		2.880		3.220
Representation of People's Act				:30 +	• • • •	:378
Assessment Committee		• • • •		.280		.280
Miscellaneous		• • • •	• • • •	Cr. 1 [.] 218		5.718
				7.10.0.10		7.00.100
Less Exchequer Grants, &c.				149.342		166.482
Exellequel Granes, &c.		• • • •	• • • •	41:342	• • • •	38:482
	Rate	Levied		108.000		128.000
One Penny represents £1,790.				9/-		10/8

SUMMARY OF STATISTICS.

Height above sea level, 100-240 feet.

Area of Borough in acres, 6,469.

Resident Population (1931 Census), 72,093.

,, (R. G's. estimate 1932), 72,820.

Inhabited houses (March, 1933)—

Dwelling Houses	• • • •	• • • •	17,727
Dwelling Houses and Shops	• • • •	••••	771
Tenements	• • • •		435
Hotels and Public Houses	••••	• • • •	70
			19,003

Rateable value, £465,008.

Sum represented by Penny Rate, £1,790.

				1932	• • • •	1931
Registered Unemployed	••••	• • • •	• • • •	7,540		6,264
Poor Law Relief Cases		••••	• • • •	1,261		993
Birth Rate				15.6	••••	15.3
Death Rate	• • • •		• • • •	11.2		12.5
Natural Increase	• • • •	• • • •	• • • •	316		207
Infant Mortality Rate		• • • •		67		73
Still Birth Rate	• • • •	• • • •	• • • •	49.4		61.4
Deaths from Measles	••••		• • • •	5	• • • •	4
,, ,, Whooping Co	ugh			2	• • • •	8
,, ,, Diarrhoea (ur	nder 2 y	rears)	• • • •	2	• • • •	5
,, ,, Searlet Fever	••••			0		2
,, ,, Diphtheria	• • • •	• • • •		0	• • • •	3
", ", Typhoid		••••		0		0
,, ,, Influenza	• • • •			16		41
,, ,, Pulmonary T	ubercul	osis	••••	69		78
,, ,, Non-pulmona	ry Tube	erculos	is	11		15
,, ,, Cancer		••••	• • • •	84	• • • •	83
,, ,, Circulatory D	Diseases	••••	••••	236	••••	273
Deaths under 4 weeks	••••	• • • •	••••	42		40
Deaths 65 years and over	••••			327		391
Maternal Deaths	• • • •	••••	••••	6	• • • •	11

EXTRACTS FROM 1931 CENSUS RETURNS.

The population of Darlington has increased from 58,314 in 1911, to 66,847 in 1921 and 72,086 in 1931, showing the largest intercensal increase of all the County Boroughs in Durham. The increase of 7.8% since 1921 is made up 6.4% by births and 1.4% by migration. Three of the county Boroughs lost population presumably through the continued industrial depression.

The density of population per acre shows some interesting contrasts. In 1921 it was 14.3 persons per acre while in 1931 due mainly to the extension of the borough in 1930 it was 11.1 while the corresponding figures of the neighbouring County Boroughs in Durham vary from 25.3 up to 39.1.

In order to show how exactly housing needs have been met for the increase of population, private families increased from 14,483 to 18,309 during the ten years while separate dwellings were increased from 13,634 to 17,502—increase of families 3,826, increase of houses 3,868. The number of persons per room in 1921 was 1.07 and .91 in 1931, a very marked improvement, eompared with the figures of our neighbours which vary from 1.00 up to 1.23 per room. A better indication of the general housing of our population is shown in the number of families of three or more persons who are occupying one room. In 1921 it was 190, and yet in spite of our increase of population and our hard economic conditions there were only 178 in 1931—less than 1% of total families, compared with contrasting figures in other County Boroughs of 4% to 6% of the total families.

The population in the various wards:—

			Acres.	Persons.	Per acre.	Families.	Persons per room
Central	* * * *		200	9,514	47.6	2,246	1.16
Coekerton			1,030	$7,\!355$	7.1	1,970	0.87
Eastbourne	• • • •		771	8,584	11.1	2,162	0.95
Harrowgate	Hill		465	$7{,}182$	15.4	1,777	1.07
North East		• • • •	1,728	6,681	3.9	1,666	1.01
Northgate			125	7,475	59.8	1,949	0.92
North Road			203	7,241	35.7	1,709	1.14
Pierremont			149	5,628	37.8	1,545	0.79
South	• • • •		685	6,098	8.9	1,630	0.70
West	* * * *	• • • •	1,113	6,328	5.7	1,655	0.61
	Total	• • • •	6,469	72,086	11.1	18,309	0.91

The average size of the dwellings is 4.41 rooms, of families per dwelling 1.05 (1921 1.12), of family 3.82 persons (1921 4.4), while for Durham County the respective figures are 3.93, 1.11 and 4.04. The population in Darlington living more than two persons per room is 9.76% of the total, in contrast with figures of 16.74% to 29.31% in neighbouring County Boroughs. One is driven to conclude from this that our housing is easily the best in the County.

An interesting fact which has a decided influence on our mortality figures comes to light in perusing the summary of our population at different age groups. It has been known for some time that Darlington with all its amenities was a very desirable place for domicile in retirement in the evening of life. The Census shows that 17 per 1,000 of our residents are aged 75 years and over, the actual figures being 6 over 95 years, 32 from 90 to 95 years, 94 from 85 to 90 years, 299 from 80 to 85 years and 780 from 75 to 80 years. The bearing which this has on our death-rates compared with other towns may be indicated by pointing out that the usual proportion of persons 75 years and over in the neighbouring towns is 13 per 1,000, i.e., a margin of 4 per 1,000 against Darlington.

Summary of Census Returns.

	Pop. per acre	Persons per Room	Families of 3 or more in one room	Size of Family	% Pop. more than 2 per room	Resident over 75 years per 1,000
Gateshead	 39.1	1.23	2,000	3.96	28.60	13
Sunderland	 29.5	1.22	2,800	3.80	26.34	14
South Shields	 35.6	1.18	1,320	3.91	29.31	13
West Hartlepool	 25.3	1.00	456	3.99	16.74	13
Darlington	 11.1	0.91	178	3.82	9.76	17

Persons 72,086 increase of 5,239 or 7.8% since 1921 the largest in Durham. Private families, 18,309. Structurally separate dwellings 17,502. Rooms 77,179.

Families more than 2 per room density 1,021—5.58% compared with 10%-19% in neighbouring County Boroughs.

Population more than 2 per room density 6,823—9.76% compared with 17%-29% in neighbouring County Boroughs.

The age constitution of the population has changed considerably since 1881 when the first figures were published. Then the largest five year group was the first one, in 1921 it was the third and to-day it is the fourth, or the 15 to 20 year olds. This can all be attributed to our falling birth rate.

In the old age groups where only 7.8 per 1,000 population were living in 1881, 75 years and over, today the figure is 17 per 1,000, showing how our better sanitary conditions and general education are prolonging life's span.

Proportions per 1,000 of population in Age Groups:—

-	~		~ -					
			1881	1891	1901	1911	1921	1931
Under 5 ye	ears		146	120	114	113	91	77
=			132	121	107	104	98	87
10— .	• • • • • •		109	118	100	97	102	87
15— .			104	111	104	93	97	88
20— .			90	96	102	87	85	83
25— .			80	79	91	90	76	81
30			67	65	75	83	73	75
35— .			60	59	64	74	74	70
40			53	49	53	61	71	66
45— .			41	47	47	50	63	66
50— .			37	42	41	42	51	61
<i>55</i> — .	•••	• • •	26	30	32	32	40	52
60— .			23	25	28	26	31	40
65— .			14	17	18	21	22	30
70			11	12	12	15	15	20
75— .			5	5	7	8	8	11
80— .			2	3	3	3	4	4
85— .			0.6	0.6	0.7	1	1	1.4
90— .			0.2	0.2	0.2	0.2	0.2	0.5
95— .			-			_		0.1

SOCIAL CONDITIONS OF THE AREA.

The town is pleasantly situated, close to the River Tees, ranging from 100 to 240 feet above sea-level. Protected on all sides by high ground the climate is mild, conducing to a profusion of vegetation, which is demonstrated to advantage in the open spaces and parks of which there is ample provision in all parts to the extent of 240 acres. While it is the natural hub of the railways and a marketing centre of a rich agricultural area, of South Durham and North Riding, its inhabitants are principally occupied in highly skilled trades connected with railway engineering, bridge building, heavy forge eastings, wool spinning, and more recently the Imperial Chemical Industries at Billingham and Chemical Insulating Company at Cockerton. Trade depression has unfortunately led to the inevitable period of unemployment in which the town finds itself at present, and at the end of the year, 7,540 persons were unemployed as kindly given me by Mr. Hommert from the Register of the Exchange: men 6,723, boys 236, women 383, girls 198.

Poor Law Relief.—I am indebted to Mr. A. J. Shaw, Public Assistance Officer for the following figures:—

The number of persons in receipt of relief on the 1st January, 1933, was 207 in Institutions, 699 widows, sick and disabled persons, and 355 unemployed, total, 1,261, compared with 993 last year, and 2,937 in 1924, which was the highest during the past ten years.

Influence on Health.—The town prides itself in its reputation for cleanliness, wide well-paved streets, and highly skilled artizan population. The health statistics have characteristics usually associated with residential southern towns rather than the industrial north. It does not appear that any particular occupation is exercising its influence in lowering the public health.

Live Births (Correc	Live Births (Corrected for Transfers):—										
		Total	M.	F.							
Legitimate	• • • •	1,070	539	531	}	B.R. per 1,000 population					
Illegitimate	• • • •	63	27	36	S	15.6.					
Still Births	••••	56	3.4	22		Rate per 1,000 total births, 49.4.					
Deaths	••••	817	451	366		D.R. per 1,000 population 11.2.					

Deaths from diseases and accidents of pregnancy and child-birth, from sepsis, 4; other causes, 4. Registrar General's figures 3 and 3 respectively.

Death rate of illiants under one year:								
All Infants per 1,000 live births								
Legitimate Infants per 1,000 legitimate live births								
Illegitimate Infants per 1,000 illegitimate live								
births	159							
Deaths from Measles (all ages)	5							
,, ,, Whooping Cough (all ages)	2							
,, ,, Diarrhoea (under 2 years)	2							

Death rate of Infants under one year.

CORONER'S INQUESTS.

There were 33 inquests on Darlington residents, 7 outside Darlington and 16 on deaths transferable to other areas. Post mortems were held in 19 cases including 10 transfers. Eight deaths were suicidal, seven men and one woman choosing this method of deliberately leaving this life. Street accidents and other violence from outside causes accounted for 26 deaths compared with 16 last year, indicating the added dangers from growing streams of fast modern transport.

UNCERTIFIED DEATHS.

Deaths not certified by a medical practitioner but in which the Coroner was satisfied that there was no further investigation required numbered 51 of whom five were outward transfers. Ten of these were among children under one year of age. Unfortunately, the indefinite nature of the terms used to describe the cause of death leads to much difficulty in classification and one would often welcome a detailed post mortem inquiry with a Coroner's certificate in such instances to ensure greater accuracy in determination of cause.

DEATH	DEATHS IN INSTITUTIONS.											
	Resi	dents.	Others.	Total.								
Municipal Hospital		88	7	95								
The Memorial Hospital	••	7	9	16								
General Hospital	••	87	53	140								
Borough Hospital	••	12	7	19								
Nursing Homes		9	12	21								
Totals	2	03	88	291								
In other Institutions	• •	31		31								
Proportion of residents in	Instit	cutions (28	34) to total									
deaths of Darlington				. 29%								

Comparative Table of Vital Statistics, 1920-1932.

		Birth-	Rate.	Death	-Rate.	Infant Mortality.		
Year.	Estimated Population.	Dar- lington.	England & Wales.	Dar- lington.	England & Wales.		England & Wales.	
1920	66,610	25.8	25.4	12.4	12.4	92	80	
1921	66,400	23.9	22.4	12.3	12.1	98	83	
$\overline{1922}$	66,710	22.6	20.6	14.1	12.9	98	77	
1923	67,390	21.5	19.7	11.9	11.6	67	69	
1924	68,690	20.2	18.8	12.7	12.2	94	75	
1925	69,130	18.6	18.3	12.7	12.2	10 6 ·	75	
1926	70,700	17.9	17.8	11.9	11.6	91	70	
1927	71,430	16.1	16.7	11.6	12.3	67	69	
1928	71,560	15.9	16.7	10.4	11.7	5 9	65	
1929	71,790	16.8	16.3	13.1	13.4	81	74	
1930	72,380	16.8	16.3	11.5	11.4	76	60	
1931	72,750	15.3	15.8	12.5	12.3	73	66	
1932	72,820	15.6	15.3	11.2	12.0	67	65	

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The Medical Officer of Health is also School Medical Officer, and Medical Officer to the Public Assistance Committee, so that co-ordination is attained in administration of the different branches. Moreover by inter-weaving of the Maternity and Child Welfare Service with Nursery Schools and Classes, the School Medical Service, the Open-air Schools, the Tuberculosis and the Venereal Diseases Clinics, much more efficient treatment is ensured for the patients by easy inter-consultation of staff. The recent purchase of the old Hospital at Greenbank will further centralize our municipal services and bring all under one roof.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES.

Medical examinations of members of the staff and of applicants for posts in the following Corporation Departments made during the year by the Medical Officer of Health show a marked increase, due to the general expansion of municipal activities and superannuation:—

Tramways and Transport Departm	ent	••••	36
Borough Surveyor's Department			21
Education Department			8
Borough Accountant's Department	···		7
Gas Work's Department			5
Electricity Department			5
Borough Fever Hospital			4
Public Assistance Department			.1
Health Department	* * * *		2
Public Library Department			2
Fire Station Department			1
Town Clerk's Department			1
•			
	Total	• • • •	96

POOR LAW MEDICAL OUT-RELIEF.

The late Dr. J. Currie, D.S.O., transferred Poor Law Medical Officer, was a full-time official acting as Medical Officer to the Institution, Out-door Medical Officer, and Public Vaccinator to the County Borough, and a small contiguous area of Darlington Rural District, by arrangement. A morning session is held at the Local Public Assistance Office for cases referred by the Relieving Officers or others. Admission to the Municipal Hospital is practically limited to cases of destitution from the district. Dr. T. L. Wormald is acting temporarily until the end of this year.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Prudhoe Colony, under a Joint Management Committee appointed by neighbouring Authorities, Sunderland, Gateshead, Tynemouth, West Hartlepool, Middlesbrough and Darlington, provides us with our share of about 30 beds for educable cases. Extensions are being carried out for the accommodation of low grade cases, while the Board of Control have granted a temporary licence for 24 at the Municipal Hospital.

A Local Voluntary Committee of the Mental Welfare Association (Secretary, Miss L. I. Holmes, B.Litt.) undertakes the supervision and organisation of the Occupation Centres for low grade and such suitable cases at the Kendrew Street School, the Municipal Hospital and the Hope Wilson Institute.

Particulars of Mental Defectives as on 1st January, 1933:—

- (A.) "Subject to be dealt with" by the Local Authority.
- (B.) Who may become "subject to be dealt with" by the Local Authority.

(B.) Who may become "subject to be dealt with" by the Local	Authorit	y.	
A.—Number of Cases "Subject to be dealt with":—			
1. Under "Order":—	M.	F.	Т.
(a) (1) In Institutions (excl. cases \int Under 16 years of age \ldots	3	2	5
on Licence) Aged 16 years and over	13	17	30
(2) On Licence from Institutions $\begin{cases} \text{Under 16 years of age} \\ \text{Aged 16 years and over} \end{cases}$	1	1	$\frac{}{2}$
(b) (1) Under Guardianship (excl. (Under 16 years of age		<u> </u>	
cases on Licence) Aged 16 years and over	1	1	2
(2) On Licence from Guardian- \(\) Under 16 years of age \(\)	—	_	
ship (Aged 16 years and over	—		_
2. In "places of safety" Under 16 years of age Aged 16 years and over			
3. Under Statutory Supervision	17	18	35
Awaiting removal to an Institution			
· · · · · · · · · · · · · · · · · · ·			
4. Action not yet taken under any one of the above headings:—			
(a) Notified by Local Education Authorities (Sec. 2 (2))			—
(b) Mental Defectives in receipt of Poor Relief:—			
(1) Institutional—			
(a) In Public Assistance Institutions not approved under			
Sec. 37	_		_
(b) In Institutions certi- (1) Cases "placed" under Sec. 3		—	_
fied under the M.D. Acts (including those			
approved under Sec.			
(2) Other cases	19	17	36
(2) Domiciliary	4	2	6
(c) Otherwise "ascertained"	—	—	-
B.—Number of Cases who may become "Subject to be dealt with":—			
1. In Institutions or under Guardianship—dealt with under Sec. 3:—			
(a) In regard to whom the Local Authority contributes under its			
permissive powers		—	-
(b) Maintained wholly by parents, relatives or others			
2. Reported to the Local Authority from any reliable source, but as to			
whom no action has been taken			-
3. Under Voluntary Supervision	75	71	146
Number of above cases on the Registers of Occupation Centres:—			
Municipal Hospital Centre	-	10	10
Under Statutory Supervision	5	6	11
Under Voluntary Supervision	7	10	17
On Licence from Institutions		1	1 1
On Licence from Guardianship			
Total	12	28	40

During the Year 1932.

	During the real 1552.
1.	(a) Number of instances in which Lieenee was granted during 1932 :— M. F. T (1) From Institutions 1 — 1 (2) From Guardianship
	(b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1932:—
	(1) To Institutions 1 1 2 (2) To Guardianship
2.	Cases notified by Local Education Authorities (Section 2) (2) during the year 1932:— Method of disposal—
	Sent to Institutions (by Order)
	Placed in "Places of Safety"
	Action not yet taken $ \begin{cases} (a) \text{ In receipt of Poor Relief } \dots & - & - \\ (b) \text{ Others} & \dots & \dots & - & - \\ \end{cases} $
	TOTAL 4 1 5
3.	 (a) Number who have given birth to ehildren during 1932— (1) After marriage, —. (2) While unmarried, —. Male. Female.
	(b) Number who have married during 1932 2
	BLIND PERSONS.
	Registered and classified by age as at the 31st March, 1933 :— 0-5 5-16 16-21 21-30 30-40 40-50 50-60 60-70 70 Total. 1 3 2 6 6 6 17 32 31 104
A	ge at which blindness occurred:— 0-1 1-5 5-10 10-20 20-30 30-40 40-50 50-60 60-70 70
h	At the age of 16 and upwards two are employed in workshops, four as ome workers and nine in other ways, one is undergoing training, while 84 re unemployable. Ten are physically defective, five deaf, one being doubly

are unemployable. Ten are physically defective, five deaf, one being doubly afflieted.

Grants are made to the unemployable blind, and to the partially em-

Grants are made to the unemployable blind, and to the partially employed according to their individual means, varying from 5s. 0d. to £1 per week.

NURSING IN THE HOME.

The Darlington Queen's Nurses' Association, under a local Superintendent Nurse, provides the home nursing staff of nine nurses for attendances on maternity, medical, surgical and infectious cases by arrangement with the Health Committee at 1s. 4d. per visit. A summary of the work done for the Local Authority is given in the following table:—

Expectant Mothers	• • • •		507 visits.
Puerperal Infection			188 .,
Ophthalmia Neonatorum			109
Post-Natal Cases			05
Measles and Pneumonia		* * * *	40
Whooping Cough and Bronehitis	* * * *	* * * *	7 7
ping coagn and Dionemois			42 ,,

MIDWIVES.

Thirty-two midwives notified their intention to practise within the Borough. None are employed or subsidised directly by the Council except those in the Municipal Hospital Maternity Department.

A monthly meeting of the practising midwives is held at the Queen's Nurses' Home, so that matters of doubt and difficulty may be discussed with the Supervisor of Midwives, Dr. Constance Robertson, who is also Maternity and Child Welfare and Ante-Natal Officer, and with the Medical Officer of Health.

LIST OF MIDWIVES PRACTISING IN THE COUNTY BOROUGH OF DARLINGTON.

No. on Roll.	Date of Enrolment.	Name.	Address.
38129 82840	16 June, 1913 27 February, 1932	Bush, Beatrice Barnes, Florence	The Byway, Yarm Road. Queen's Nurses' Association, Wood-land Road.
78715 72015 78134	August, 1930 24 November, 1931 24 May, 1930	Bragg, Freda Cockcroft, Florence R. Danby, Eve	24 Geneva Road East. Municipal Hospital. Queen's Nurses' Association,
67217	10 October, 1925	Dent, Helen	Woodland Road. Queen's Nurses Association, Woodland Road.
$79469 \\ 82217$	22 November, 1930	Dobson, Mabel, L Donoghue, M	General Hospital. General Hospital.
74455	2 December, 1928	Elliott, Dorothy	Queen's Nurscs' Association, Woodland Road.
78210	24 May, 1930	Foster, Lilian	Queen's Nurses' Association, Woodland Road.
43728 19855	22 February, 1916 27 April, 1905	Gait, Sarah Ann Geall, Florence Annie Adelaide	12 Thornton Street. The Green, Cockerton.
67753 38235	12 December, 1925 June, 1913	Goodfellow, Violet Jane Hall, Mary Cecilia	2 Arthur Street. 64 Duke Street.
55344 46105 58912	11 October, 1921 11 August, 1917 13 December, 1922	Hancock, Ellen Hoskins, Sarah	29 Stanley Terrace. 12 Hammer Street. 40 Willow Road.
57442 60455	10 June, 1922 11 June, 1923	Jenkin, Jane Johnson, Bertha Kirby, Ethel Mary	Municipal Hospital. 116 Neasham Road
74639	24 November, 1928	Lafferty, Greta	Queen's Nurses' Association, Woodland Road.
66938 45456	15 August, 1925 15 April, 1917	Moran, Anne Moran, Mary Agnes	Municipal Hospital. Municipal Hospital.
84653 64585	13 August, 1932 11 October, 1924	McHugh, Mary Ellen	Queen's Nurses' Association, Woodland Road.
63631 65529	14 June, 1924 9 February, 1925	Redhead, Isabel Slater, Ellen Smith, Annie	295 North Road. 13 Hopetown Lane. 87 Gurney Street.
17902	23 March, 1905	Trinham, Louisa	Superintendent, Queen's Nurses' Association, Woodland Road.
$82800 \\ 66611$	18 January, 1932 13 June, 1925	Turnbull, Mary Elsie Walker, Amy	Municipal Hospital. Municipal Hospital.
78589	13 June, 1930	Warnes, Lena May	Queen's Nurses' Association, Woodland Road.
65116 78626	19 February, 1925 14 May, 1930	Watson, Ellen Willman, Edna	22 Four Riggs General Hospital.

Midwives calls to Doctors.

Summary of the causes for sending for Medical help.

		1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Mother:— Torn Perineum	•••	8	16	19	20	18	32	15	33	27	31	38
Prolonged, Tedious or Diffic Labour Faulty Presentations	nlt 	23	30	31	24	18 7	24 10	32 7	35 5	32 9	42 13	31 15 1
Impactions Hæmorrhages Rise of 'Temperature	• • •	$\frac{-}{6}$	$\frac{1}{2}$	8 4	- 4 11	4 7	3 10 4	1 17 7	10 5	11 4	$\frac{-8}{10}$	14 6
Adherent Placenta Albuminuria Phlebitis	• • • • • • • • • • • • • • • • • • • •	5 	8 —	4 1 —	8	8 1 1	$\begin{bmatrix} 1 \\ 6 \\ 1 \end{bmatrix}$	5 2 2	4 3 —	5 5 —	6	10
Abortion Contracted Pelvis Eclampsia	•••	_	_ _ 1	3	5 	8 2 3	5 2 —	14	3 -	$\frac{10}{1}$	$\frac{11}{2}$	4 1 1
Prolapse of Cord Miscellaneous	•••	2	1	9	5	2 11	10	1 12	8	17	14	16
Total	•••	46	59	79	77	94	108	115	107	121	137	138
Child:— Discharging Eyes Debility, Feebleness, etc. Prematurity Malfornations Convulsions and Fits Suffocation Miscellaneous *Still-Births	•••	10 4 13 3 2 — 1 —	5 2 13 2 2 -	5 3 4 3 - 4	6 6 5 4 5 1 1	8 2 5 1 — 12 —	13 1 10 1 4 2 5	8 5 4 2 2 1 8 —	8 4 2 8 3 — 6 —	6 5 7 7 7 1 11 —	5 5 9 4 2 1 2 17	$ \begin{array}{c c} 4 \\ 9 \\ 1 \\ 6 \\ 3 \\ \hline 7 \\ 10 \end{array} $
Total	•••	33	24	22	28	28	36	30	31	44	45	40

^{*}Still-Births included in Miscellaneous previous to 1931.

The following Table shows how the charges for the above cases had been dealt with at the conclusion of each year:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
No Account received	43	39		47	43	40	43	40	52	42	38
Account received	36	44		58	79	104	102	98	113	140	140
Full Fee paid or charged No Fee charged Part Fee remitted and part charged	6	35 8 1	46 6 4	28 16	47 24 8	79 21 4	58 37 7	62 32 4	58 44 11	80 40 20	88 29 23
Amount paid to Doctors Amount recovered from Patients Cost to Council	£57	£69	£58	£73	£121	£143	£160	£145	£158	£208	£175
	£31	£48	£47	£38	£76	£105	£78	£82	£64	£85	£110
	£26	£21	£11	£35	£45	£38	£82	£63	£94	£123	£65

LABORATORY FACILITIES.

The arrangement remains as before, whereby chemical analysis is carried out by Mr. C. J. H. Stock, F.I.C., Darlington, and bacteriological investigations in our own Health Department, and at Armstrong College, Newcastle-upon-Tyne. Further details are given under the Foods and Drugs Section of the Senior Sanitary Inspector's Report.

Armstrong College.

.		Specimens.	Positive.	Negative.
Tuberculosis	***	 321	7.4	247
Diphtheria	• • • •	 87	10	77
Enteric Fever		 34	16	18
Wassermann Tests		 452		
Fixation Tests	•••	 		
V.D. Clinic, General Ho	spital.			
Spirochetes		 19		
Gonococci	• • • •	 681		

Analysis of clinical material and the necessary special examinations are carried out at the Clinics and Hospitals.

LEGISLATION INTRODUCED DURING 1932.

Fertilisers and Feeding Stuffs Regulations, 1932, under Act of 1926.

Children and Young Persons' Act, 1932 came into force 1st January, 1933. Raised age to 9 of children kept for payment and amended other Sections of Part I of Children Act, 1908 relating to Infant Protection.

The Housing Consolidated Amendment Regulations, 1932, dated 11th August, 1932, amend The Housing Consolidated Regulations, 1925, in consequence of the passing of the Housing Act, 1930.

HEALTH INSURANCE.

The total number of insured persons on 27 Doctors' lists is 28,383, the prescriptions issued 87,713, and the total cost of the drugs £3,077 13s. 4d. The general medical practitioner is the first line of defence of our public health system, and the National Health Insurance Scheme guarantees to every insured person the attention of a doctor without financial embarrassment, so that there is no reason why the essential early treatment should not be at once applied and so check the incapacitating defects in later life. One appreciates the importance of this in the matter of chronic rheumatism, which is so often due to untreated earlier infections in the mouth and throat. The sooner it is realised by both doctors and public that the scheme was introduced as a public health insurance rather than a sickness benefit fund, the sooner will true national health be attained.

HOSPITAL SERVICES.

Darlington General Hospital.—The medical, surgical and children's work was transferred to the new Memorial Hospital in November, and after prolonged negotiations the building has been purchased by the Corporation for the purpose of centralizing and co-ordinating the Health Services under the Medical Officer of Health. It is expected that vacant possession will

be given in the beginning of 1934 when the Memorial Hospital Committee have completed the Out-patient Department, X-Ray equipment and Laundry on the new site. This new centre for administration of all our services bringing together, administration, sanitary inspectors, health visitors, school medical staff, tuberculosis work, mental deficiency, ante-natal, maternity and child welfare and toddlers' clinics, and wards will render Darlington one of the most up to date County Boroughs in the Country, in the all important matter of co-ordination as anticipated in the Local Government Act of 1929.

The New Memorial Hospital.—This voluntary Hospital which has just been officially opened by H.R.H. Prince George, is one of the most modern in design and equipment, and has been planned to serve the needs of not only Darlington but the wide surrounding area as far west as Hawes in Wensleydale, comprising a total population of almost 150,000.

The Administration Block and Central Hall with the Cenotaph in the quadrangle give a very imposing front. The four Medical and Surgical wards with balconies are placed on the South side, well away from the public view and yet in very open surroundings for sunlight and fresh air. Each of the wards accommodates 36 beds, including pay beds in private wards. Two operating theatres and necessary accessory rooms are in keeping with the latest ideas in hospital construction.

The childrens' wing of 40 beds was built by the Rotary Club and is a delightfully arranged unit on similar lines to our open air schools.

When completed by the addition of X-Rays, Laboratory, Out-patient Departments and Nurses' Home, the Hospital Committee can feel proud of their marvellous achievement for the sick and suffering.

Municipal Institution.—This Poor Law Institution under the Public Assistance Committee has a resident Medical Officer, male and female sick wards and a children's block, altogether providing about 150 sick beds. The building is not designed as a Hospital and can never be properly adapted. Discussions and deliberations between the various committees have taken place under Section 13 of the Local Government Act in order that overlapping and duplication of effort may be avoided.

Borough Infectious Diseases Hospital.—Under the Health Committee. No change has taken place here during the year. All types of infections, including advanced tuberculosis are now admitted, and in November as there was available accommodation, 22 cases of typhoid fever were taken in from Malton Urban District. The staff worked with much personal inconvenience and sacrifice, each having volunteered and undergone preliminary inoculation. It is unfortunately my duty to report that one nurse who failed to take this precaution to protect herself contracted the disease, happily in a mild form, and made an uneventful recovery. Eleven surrounding local authorities have now agreements with us, Reeth Rural District being added during the year.

The Borough Smallpox Hospital.—of 24 beds administered from the Infectious Diseases Hospital is kept in constant readiness for cases from the town or the surrounding authorities with whom we have agreements.

All the hospitals are fully used as requirements demand and the provision is adequate for the area.

MUNICIPAL HOSPITAL.

										BEDS			
		ication of ords			Num- ber of Wards.	M	EN	WCM	EN -	(und	DREN er 16 of age)	То	tal
						Pro- vided	Occu- pied	Pro- vided	Occu- picd	Pro- vided	Occu- pied	Pro vided	Occu- pied
*1. Mediea	.1)												
*2. Surgic	$\mathrm{al} \ $	·· · · ·	•••	• • •	6	46	42	34	34	•••		80	76
*3. Chroni 4. Childr		•••	• • •	•••	3	•••		•••		20	12	20	12
5. Venero 6. Tubero		• • •	• • •	•••	2	9		9	 1	4	•••	22	 5
7. Isolati	on	• • •	• • •	• • •	3	8	•••	4	4	•••		12	4
8. Materi 9. Menta		•••	• • •	• • •	$\frac{1}{2}$	•••	•••	10	•••	• • •	•••	10	•••
(a)	Lunacy.	Act, 18	90	• • •		5	1	4	1			9	2
	Mental T al Defect		ent Act,	1930	• • •	• • •	*2	•••	• • •	•••	5*	•••	*7
11. Other	• • •	• • •	•••	• • •	•••	•••	• • •	•••	•••	•••	•••	•••	•••
			Total	• • •	17 ,	68	47	61	40	24	12	153	99

^{*}In General Medical and Surgical Ward.

Statistics relating to the Year ended 31st December, 1932.

In-Patients.

1.	Total number of admissions (including infants born in Hospital))	•••	•••	518
2.	Number of women confined in Hospital	•••	•••	•••	23
3.	Number of live births	•••	•••	•••	21
4.	Number of Still-Births	•••	•••	•••	2
5.	Number of deaths among the newly born (i.e., under four weeks	s of ag	e)	• • •	3
6.	Total number of deaths among children under one year (including 5)	those	given u	nder	8
7.	Number of Maternal deaths among women confined in Hospital		•••	•••	0
8.	Total number of deaths		•••	•••	98
9.	Total number of discharges (including infants born in Hospital)				398
10.	Number of cases whose total stay was for the following p	eriods	:		
	(a) Four weeks or less	* * *	•••	•••	
	(b) Exceeding four weeks but under thirteen weeks	• • •	• • •	• • •	
	(c) Exceeding thirteen weeks	• • •	• • •	•••	
11.	Number of Beds occupied:—				
	(a) Average during the year	• • •	• • •	• • •	104
	(b) Highest (on 5th November, 1932)	• • •	• • •	• • •	108
	(c) Lowest (on 13 August, 1932)	• • •	• • •	• • •	92
12.	Number of surgical operations under general anaesthetic operations)	(exclu	ding d	ental	0
13.	Number of abdominal sections	• • •	• • •	• • •	0

Classification of In-Patients who were discharged from or who died in the Institution during the Year ended 31st December, 1932.

DISEASE GROUPS		Childr (under 16 of age	years	Mer and Wome	
		Dis-	Died	Dis- eharged	died
Acute Infectious Disease		4		I	
Influenza		1			
Tubereulosis—					
Pulmonary		1	4	5	9
Non-Pulmonary		$\hat{f 2}$		1	
Malignant Disease					3
Rheumatism—					
(1) Acute Rheumatism (Rheumatic)				
Fever) together with sub-act					
Rheumatism and Chorea		1	1	2	12
(2) Non-articular manifestations of	so-				
ealled "Rheumatism" (Museu					
Rheumatism, Fibrositis, Lumba	igo				
and Seiatica)		-		15	
(3) Chronic Arthritis		· —			
Venereal Disease					
Puerperal Pyrexia				1	
(a) Women confin	red				
Puerperal Fever (b) Admitted from outside					
(b) Admitted from	l				
					1
Other Diseases and Accidents connected w	ith				
Pregnancy and Child-Birth					
Mental Diseases ((a) Senile Dementia	• • • •				
(b) Other				42	1
Senile Decay				43	29
Accidental Injury and Violence		3		5	1
n respect of Cases not included above.					
Disease of the Nervous System and Ser	ise				
Organs				Section 1984	
,, ,, Respiratory System		19	5	39	4
,, ,, Circulatory ,,				25	11
,, ,, Digestive ,,				28	
,, ,, Genito-Urinary ,,					
,, ,, Skin		18		22	
Other Diseases		49	6	23	8
Mothers and Infants discharged Mothers	S			30	
from Maternity Wards and					
not included in above					
figures Infants		19	3		
M. I. I.	-	7 7 79	7.0	000	~0
Totals		117	19	282	79

SUMMARY OF BEDS AVAILABLE.

			Men	Women	Total
General, Medical		Municipal Hospital	16	14	30
and Surgical		Memorial (Voluntary) Hospital	80	80	160
Children		General Hospital			24
		Memorial (Voluntary) Hospital			40
Maternity		Ward at General Hospital		12 \cdot	12
		Municipal Hospital		10	10
Venereal Disease		Memorial (Voluntary) Hospital	1	1	2
Tuberculosis		Municipal Hospital	9	9	18
		Durham County Council	15	15	30
Chronic Sick		Municipal Hospital	30	20	50
Mental		Durham County Council, Sedge-			
			70	70	140
		Municipal Hospital	$\tilde{5}$	4	9
Mental Deficiency		Prudhoe Hall Colony	15	15	30
·		Municipal Hospital	4	5	9
Orthopaedic, Eye, E	ar,	i i			
Nose and Throat, &	ce.	Memorial (Voluntary) Hospital.	Incl	uded in	above.
Puerperal Fever, &c.		• / •		2	2
-		6			

No special departments exist at the Municipal Hospital, but use is made of the General and Memorial Hospitals, where there are X-Ray, Ultra-Violet, Dental, Ophthalmic, and Massage facilities.

Pathological work is done mainly at the Armstrong College Laboratory, Newcastle-upon-Tyne.

INSTITUTIONAL MATERNITY WORK.

			General	Municipal
			Hospital.	Hospital.
Beds	• • • •	••••	10	10
Cases admitted	• • • •		214	27
Average duration of stay	• • • •	* * * *	11.4 days	14 days
Cases delivered by—				
(a) Midwives	• • • •		186	22
(b) Doctors	• • • •	••••	28	1
Medical assistance sought		• • • •	47	6
Cases of Puerperal Fever	• • • •		3	1
Cases of Puerperal Pyrexia		• • • •	2	1
Pemphigus		* * * *	0	0
Infants not breast fed			4	0
Ophthalmia Neonatorum			0	1
Maternal Deaths	• • • •		1	1
Foetal Deaths—				
Still-born	•••		26	2
Within 10 days	••••	* * * *	7	3

The two maternal deaths were caused by Puerperal Fever and Abortion. The still-born children suffered from prematurity 8, maceration 7, delayed labour 5, congenital deformity 5, other conditions 3. The deaths within 10 days were due to prematurity 8, and deformity 2.

UNMARRIED WOMEN, ILLEGITIMATE AND HOMELESS CHILDREN.

The only institutions to receive pregnant unmarried women for delivery are the Municipal Hospital and the Maternity Ward, General Hospital. Fallen girls have been received for a time at St. Agnes' Home, Duke Street, a Diocesan Reseue Home (6 beds), but they are later sent to Hospital for confinement. Lack of financial support has hit this deserving Home hard, but recent re-organization have given this very excellent and necessary institution a new lease of life.

AMBULANCE FACILITIES.

- (a) Infectious Cases.—Morris Commercial Special Motor Fever Ambulance with separate compartment for infected bedding, fitted with two stretchers and sitting accommodation for two patients.
- (b) Non-Infectious, Accident and Maternity Cases.—Three Motor Ambulances manned by the Fire Brigade staff, available for calls within 15 miles.

CLINICS AND TREATMENT CENTRES. SUMMARY.

Medical Officer of Health, Health Office, Feethams, Darlington.

Municipal Maternity and Child Welfare Centres.—Mothers and children under 5:—

Hopetown Hall, Whessoe Lane Albert Road Schoolhouse	Monday Tuesday		2-0 p.m. 10 a.m. and 2-0 p.m.
East Road Wesleyan Sunday School	Wednesday Thursday		2-0 p.m. 10-30 a.m. and 2-0 p.m.
Cockerton Wesleyan Sunday Sehool Haughton-le-Skerne Church Hall	Friday Friday		2-0 p.m. 2-0 p.m. 2-0 p.m.
Expectant Mothers' Clinic, Albert Road Schoolhouse Dental Clinic for Mothers and Children under 5	Thursday By arrangen Saturday,	ient t	through Centres,

A Lady Doctor and Health Visitor in attendance.

Voluntary Clinics.

Ante-Natal Clinie, Queens' Nurses' Home, Woodland Road, by arrangement.

General Hospital. Wednesday, 12-3 p.m.

Municipal Maternity Ward, Darlington General Hospital.—12 beds.

Home Nursing.—Darlington Queen's Nurses' Association, Woodland Road.

Venereal Diseases.—Skin Department, Darlington General Hospital:—
Women and Children Monday, Tuesday, Friday.... 2—4 p.m.
Men Tuesday, Friday 5-30—7 p.m.

Tuberculosis Dispensary.—Health Office, Feethams, Darlington :—

 Women and Children
 Friday

 At 9-30 a.m.

 Men

 Monday
 At 9-30 a.m.

Tuberculosis Care Committee.—Hon. Secretary, Dr. G. A. Dawson, Health Office, Feethams. Meetings once a month.

School Medical Services.—Inspection in Schools and at School Clinic, 156 Northgate, where Doctor and Nurse are in attendance daily. Minor ailments, Eye, Dental and Sunlight Clinic.

Special Schools.—George Dent Nursery Sehool 100 places; Barnard Special School (M.D.) 80 places; Open-Air School 134 places.

Infectious Diseases Hospitals.—Hundens Lane. 130 beds.

Mental Deficiency.—Occupational Training Centres: Supervisor, Miss L. I. Holmes, B.Litt., Education Office.

Public Assistance.—Out-patient Clinie and Vaccination Centres, Public Assistance Offices, East Street, at 10 a.m. daily.

Municipal Hospital, 90 Yarm Road.—150 beds for all types of disease.

Infant Life Protection.—Miss V. I. Smiles, Infant Protection Visitor, Public Assistance Offices, East Street.

MATERNITY AND CHILD WELFARE CLINICS.

The Clinical side of the work has been continued as in previous years by Dr. Constance Robertson in a most capable manner. Though a part-time general pratitioner in the service, her skill and enthusiasm are given whole-heartedly as Medical Officer at the Clinics and as Inspector of Midwives with excellent results as our figures show in increased appreciation of the mothers as revealed by attendances. There were 294 Sessions and 22,275 attendances were made by mothers, averaging 76 per session.

Midwives' Acts, 1902-1918.—The 22 District Midwives are inspected periodically by Dr. Constance Robertson, who made 257 visits; of these 207 were routine visits, 3 were on account of eases of Ophthalmia Neonatorum, 37 for the death of the child, 4 for death of mother and 6 for Puerperal Fever.

Midwives have been encouraged to summon medical help at all antenatal examinations, and it is creditable to report that the maternal deaths did not arise from any very serious misconduct by any midwife.

During the year Midwives attended 926 births alone, and 190 under the superintendence of medical practitioners. Medical assistance was summoned on 231 occasions, including 53 cases where the Maternity Ward Sisters at the General Hospital and the Municipal Hospital called in a Staff Doctor. The Local Supervising Authority is responsible for the payment of fees to doctors called in by Midwives, and with the continuance of trade depression and unemployment the number of such accounts received remains high. All or part of the fee is recoverable according to the financial circumstances of the patient. Medical practitioners were paid £175, of which a sum of £110 was recovered from patients. No Midwives are employed or subsidised by the Local Authority outside the Hospitals.

Milk Assistance Scheme.—Pasteurised Milk is granted free on the Clinic Medical Officer's recommendations to infants and to expectant and nursing mothers in necessitous cases falling within an income scale equivalent approximately to the Unemployment Benefit but after deducting rent.

During 1932, 508 pounds of dried milk were sold at cost price, 798 were given free, and 100,734 pints of fresh milk were given free at a total cost to the Health Committee of £952. The income in all eases is verified by reference to employers and others, but unemployment has been responsible for over 85% of the claims for help.

Dried and Fresh Milk Supplied through Maternity Centres:—

Year.	Dried Milk sold to Mothers. Ibs.	Dried Milk given free to Mothers. lbs.	Fresh Milk given free to Mothers. pints.	Net Cost of Fresh & Dried Milk Supplied.
1921	7,264	2,200	5,432	£316
1922	4,286	1,844	27,110	£399
1923	4,332	896	23,129	£282
1924	4,831	959	15,195	£170
1925	3,486	736	20,615	£248
1926	4,719	1,537	40,009	£529
1927	2,248	611	36,284	£417
1928	1,134	367	33,950	£347
1929	1,415	329	33,100	£323
1930	1,119	345	43,173	£397
1931	713	773	66,343	£639
1932	508	798	100,734	£952

Ante-Natal Clinics.—The very gratifying progress recorded in 1931 has been more than maintained during the year under review, 904 attendances by expectant mothers at the Municipal Ante-Natal Clinics being recorded compared with 727 in 1931. In addition to the above, expectant mothers made 974 attendances at the Ante-Natal Clinic at the General Hospital in connection with the Municipal Maternity Ward, and 228 attendances at the Ante-Natal Clinic held by the Darlington Queen's Nurses' Association. The importance of this work cannot be too strongly urged.

Over one-half of our infantile mortality occurred during the first four weeks of life, owing in great part to antecedent preventable conditions in the mothers. All women in their first pregnancy, all who have had previous

misearriages or difficult labours, and expectant mothers suffering from any abnormality during pregnancy, are advised to seek skilled advice from midwife, doetor, or both, with a view to appropriate treatment being obtained before an emergency has arisen.

Ante-Natal examination and keeping of records is now part of a Midwife's routine practice. 507 visits were paid by Queen's Nurses to 429 expectant mothers, and 95 extra post-natal visits to 95 cases in the ordinary course of their duties.

The Ante-Natal Clinic is held weekly at the Municipal Centre in Albert Road on Thursdays at 1-30 p.m. An average attendance of 18 was kept up during the year.

The total number of mothers receiving ante-natal care from the Municipal Clinic (300) the General Hospital (236) and the Queen's Nurses (76) was 612—a very large proportion of the total children born.

Seventy-seven attendances were made at our Maternity and Child Welfare Centres by 16 mothers who reside just outside the Borough. In the eases of these mothers the extra nourishment is supplied by the Durham County Council.

Average Attendances of Mothers with Babies at Maternity Centres during

the last twelve years show a steady increase:

the last	twe	ive years	S S B	ow a ste	aay	/ mereas	se:-	-				
Year	£	Albert Roa	d - 1	East Road	·	Paradise	\mathbf{H}	opetown	C	Cockerton	\mathbf{H}	aughton
1921		69.0		35.3		58.3		25.1				
1922		73.8		30.0	- • • •	53.4		35.5				
1923		78.9		25.1		49.1		33.0				_
1924		66.8		34.3		53.1		31.9		18.5		
1925		64.9		30.2		59.4		26.9		25.0		
1926		82.7		41.1		85.5		42.3		27.8		-
1927		85.6		38.8		82.7		28.1		22.0		
1928		84.6		50.0		81.7		39.4		25.6		
1929		95.3		58.8		86.6		32.2		27.8		
1930		109.9		69.1		103.4		43.2		23.3		
1931		110.4		76.6		108.1		53.1		35.4		18.5
1932		121.1		73.2		123.8		65.9		43.6		24.4

Total Attendances of Expectant Mothers at the Maternity Centres and

Ante-Natal Clinic during the last twelve years:—

O	At Maternity		At Ante-Natal
Year	Centres		Clinic
1921	 91		5 8
1922	 233		73
1923	 187		72
1924	 190		61
1925	 171		117
1926	 194		244
1927	 208		245
1928	 149		356
1929	 211		366
1930	 240		396
1931	 161		566
1932	 180	• • • •	904

In addition to these, 974 attendances were made at the General Hospital Clinic, and 228 at the Queen's Nurses' Ante-Natal Clinic.

Deaths under one month.—Though the death-rates of children under one year have fallen during the last 50 years from 160 to 67 per 1,000 births, no appreciable reduction has taken place in the case of babies under four weeks. Of the 76 deaths under one year, 42 occurred in infants under 4 weeks, mainly owing to prematurity and congenital weakness.

Dental Treatment for mothers and children attending the Centres was continued at the School Clinie on Saturday mornings. Mr. J. L. Liddell, L.D.S., Dental Officer, reports:—

I am pleased to report, once again, an increase of work done, 47 more mothers and 5 more children attending than in the previous year, 589 teeth

being extracted. The percentage treated was seventy.

In several cases, where a clearance has been advised, this has not been completed. Only one visit has been made for the relief of pain. This is

largely due to inability to afford artificial dentures.

It is gratifying to know that this service is appreciated. Two or three patients have paid a visit, after having a septic mouth put into a healthy condition, to tell me how thankful they are at the improvement in their general state of health.

No. of Mothers attending Clinic No. of Children attending Clini			149 51
Total	••••		200
Attendances	••••	• • • •	258
Permanent teeth extracted Temporary ,, ,,		• • • •	499 90
Total	• • • •	* * * *	589
Sockets treated	* * * *		5

Home Help.—One whole-time Home Help and a rota of part-time home helps carried out this work while the mother was incapacitated. Charges are made according to financial conditions. Attendance was provided in 81 eases, for 1,197 days.

The daily charges for the services of the Maternity Home Helps are as follows:—

Where the income of a family—

Exceeds 15/- per head per week the charge to be 3/- per day. Exceeds 12/- and not 15/- per head per week the charge to be 2/3 per day.

Exceeds 9/- and not 12/- per head per week the charge to be 1/6 per day.

Where the income is less than—

9/- per head per week the eharge to be 9d. per day.

Cases of extreme poverty are considered by the Special Sub-Committee.

In all the above cases the income is understood to be the average weekly income of the family, after deducting rent and rates, for the four weeks previous to the application.

Maternity Bags.—These bags, containing all the linen and other necessities to assist in an aseptic confinement, were applied for and lent in 7 cases. In each case the bag was returned in good condition and the usual deposit of 2/6 asked for in 6 of these cases, was refunded. Sterilised maternity outfits are sold at cost price to necessitous mothers through the Centres.

Mothercraft.—In co-operation with the Schools, senior girls are now admitted to our Centres in order to be introduced to the practical side of sound mothercraft. Appreciation and keenness shown by the girls are a guarantee of success, and theoretical work has now been introduced into the final year's curriculum at school.

There are no **Day Nurseries** in Darlington. A description of the work done at the Nursery School and Classes and the School Clinic will be found in the Report of the School Medical Officer.

MATERNAL MORTALITY.

This subject which has been given so much publicity since the Departmental Inquiry was set up at the Ministry of Health is pursued in Darlington by individual investigations into every case by the Medical Officer of Health.

During the years 1930 and 1931 when our services were extended, there was a considerable increase and no little general alarm at the immensity of the problem to be solved, because the more one investigated the larger the figures became. If a death was known to be in any way associated with a recent pregnancy or child birth it was included in our returns and in that way our figures may have appeared swollen compared with other towns where probably such searchings were not so keenly prosecuted. However, it is more satisfactory to be able to report that in comparison with 17 in 1930 and 11 in 1931 we have only had 8 in 1932. The Registrar General credits us with only 6.

Three were due to abortions, two to sepsis, one to haemorrhage, and two to other associated conditions evidently not included by the Registrar General. Three of them were first confinements, and four had received the entire ante-natal treatment from their own doctor, while two had attended our ante-natal clinic and two had had no ante-natal care whatever. Five died in Hospital, two at home and one in a nursing home, four being associated with influenza outbreaks.

It is singular that, with a comparatively low death-rate among the general population in Darlington, and a high standard of health conscience among the mothers, our maternal mortality should remain statistically high in contrast with our neighbouring County Boroughs.

One is driven to conclude that many deaths escape recognition officially of their association with pregnancy and child birth.

Puerperal Fever.—Nine cases were notified, five were admitted to the Fever Hospital and recovered, one died at the Municipal Hospital and three at the General Hospital.

Puerperal Pyrexia.—Six cases were notified and one was removed to the Fever Hospital. All recovered.

WORK OF THE HEALTH VISITORS.

During the year the Health Visitors paid	the fol	lowing	visits:—
First visits to Infants under one year			1,074
Re-visits to Infants under one year			3,021
Children one to five years			6,023
Cases of Measles, one to five years			278
,, over five years			131
,, Chickenpox			546
,, Whooping Cough			278
,, Ophthalmia Neonatorum		• • • •	12
,, Infant Deaths			59
,, Still-births			5.4
,, Diarrhoea			-
,, Puerperal Fever			10
,, Pucrperal Pyrexia			3
,, Pneumonia			85
Expectant Mothers, first visits			301
,, ,, re-visits			198
Maternal Deaths			3
Cases of Mental Deficiency			
Miscellaneous Visits			646

Notified Births.

illeu birtiis.	Live J	Births	Still-	Births	То	tal
	М.	F.	М.	F.	M.	F.
Legitimate	545	530	34	20	579	550
Illegitimate	26	27	1	4.	27	31
Total	571	557	35	$\frac{1}{24}$	606	581
Transfers out (legitimate and illegitimate)	17	22	1	6	18	28
Net Darlington Births	554	535	34	18	588	553
Notified—	Gross					1,069
By Midwives	Nett	• • • •				1,024
Py Doctors and others	Gross					118
By Doctors and others	Nett					117

Breast Feeding.—8% of mothers did not breast feed or discontinued before the first month.

35% did not continue after the third month.

44% breast fed over four months, and discontinued at varying periods up to one year.

13% No record—deaths, removals and unsuitable for visitation.

BABY DAY CELEBRATIONS.

The Annual Celebrations organized by the Voluntary Maternity and Child Welfare Committee and financed by the Health Committee to the extent of £25 were held at Polam Hall on 27th and 28th July, 1932 by the kind permission of Mrs. Baynes.

Unfortunately the weather on the first day was very unkind and attendances suffered, but on the second day, more pleasant conditions enticed a record attendance of 297 mothers plus their children under five years of age.

To the accompaniment of an orchestra consisting of three unemployed musicians a very satisfying tea was provided by the ladies as in past years. Interesting and attractive as the social side of this idea is, the main work lies in impressing upon the mothers some definite propaganda and here the four health visitors vied with each other in their various exhibits of good foods and bad foods, of special dietaries suitable for growing children, of ideal garments cheaply and easily made, of thrift garments from old clothes, and attractively arranged posters, diagrams and leaflets.

Competitions were organized in mothercraft—thrift garments, knitting, faney and plain baking, budgeting and essay writing as required for the National Mothercraft Competitions. The Medical Officer of Health, Health Visitors and Sanitary Inspectors gave short talks around the various exhibits to small eircles of mothers.

Mrs. E. Lloyd Pease, Chairman of the Voluntary Committee presented the prizes at the end of the second day. Mrs. C. H. Leach, the secretary, was responsible for the very successful team work put in so willingly by everyone.

INFANT PROTECTION. Part I Children Act, 1908. Part V Children and Young Persons Act, 1930.

This work is administered from the Health Department through Miss V. I. Smiles, part-time Visitor and Relieving Officer.

There were 22 children on the Register at the end of 1932. Ten had been added, three removed to legal parents, one left the district, three were adopted under the new Adoption Act and one case was replaced between 7 and 9 years of age under the new Act during the year.

No deaths took place and there were no proceedings or orders under the various sections. One hundred and twenty visits and ninety interviews at the office were made and thirty-seven newspaper advertisements were investigated and followed up. Several complaints have been received regarding arrears of payments but it speaks well for the supervision of Miss Smiles and the homes that no child is suffering on that account.

ORTHOPÆDIC TREATMENT.

Ascertainment of orthopaedie defeets is kept up to date through the municipal clinics and the Cripples' Aid Committee of the Charity Organization Society. Dr. Isobel Brown, A.S.M.O. is a member of this Committee. Cases requiring treatment are referred to the local Memorial Hospital where a well equipped clinic is held each Wednesday under Mr. H. C. Pearson, F.R.C.S. with a staff of masseuses.

Oceasionally patients are sent to residential institutions such as Sir R. Jones's Hospitals in Liverpool and Oswestry, or to the Orthopaedic Hospital at Kirbymoorside.

MATERNITY AND NURSING HOMES.

Two applications for registration were received and granted during the year for medical eases. This increases the total number of Registered Homes to seven, which are periodically inspected by the Medical Officer of Health and his staff. Exemption has been continued in the ease of the Darlington General Hospital and the New Memorial Hospital as they are charitable institutions.

		General	Maternity
		Beds.	Beds.
1.	Coniscliffe Nursing Home, Miss M. Potter	15	3
2.	Cleveland Nursing Home, Miss B. Miller	4.	2
3.	Argyle Nursing Home, Mrs. Yates	6	1
4.	Miss J. Jenkins' Home, 40 Willow Road	0	2
5.	Mrs. S. A. Gaits' Home, 12 Thornton Street	0	1
6.	Mrs. Pierey's Home, 23 Bloomfield Road	5	0
7.	St. Brelade's Home, 41 Woodland Road	6	0

SANITARY CIRCUMSTANCES OF THE AREA. WATER SUPPLY.

I am indebted to the Water Engineer, Mr. E. Minors, B.Se., A.M.I.C.E., for the following note:—

The water supply of the Borough is obtained from the River Tees. The intake is situated near the western boundary of the Borough and the water is pumped in two stages (a) from the River into large subsiding tanks (b) from the subsiding tanks through the filters to the Reservoirs and town.

Pumping plant of ample capacity has been installed and alternative sources of power are available, viz., steam, gas and electricity, to provide for all reasonable requirements and emergencies.

The mechanical filtration plant installed in 1924-7 has now been in operation since June, 1927. This plant, which has superseded entirely the old system of slow sand filters, is working satisfactorily. The initial difficulties met with on the starting up of the plant have been overcome.

The peaty discolouration which is present in the River Tees water, especially in the Autumn and after heavy rains, is removed by the addition of Alumina Ferric, the quantity added varying from 1 grain to 6 grains per gallon.

Lime water is also added after filtration in order to correct any tendency towards plumbo-solvency.

Improved filtration and removal of colour has been obtained by the introduction of double coagulation, using .15 grain per gallon of sodium aluminate in conjunction with alumina ferric. Experience of the process during the past twelve months shows a saving of at least 75% of wash water in the filters in addition to the advantages of a more satisfactory water.

Chlorine is injected under pressure into the filtered water main as it leaves the Waterworks. The amount added varies from $\frac{1}{3}$ to $\frac{1}{2}$ part per million, according to bacteriological findings. Three million gallons per day are used by the works and 17,000 houses in the Borough, *i.e.*, 40 gallons per head of population.

Analyses of the river, filtered and chlorinated water are made weekly by the Borough Analyst, whose reports during the past year have been consistently satisfactory, as may be judged from the fact that practically every sample of tap water taken proved negative to B. Coli in 100 c.cs.

Average analyses during the year 1932:—

River Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.

Presumptive B. Coli Test after 72 hours.

Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.

Presumptive B. Coli Test after 72 hours.

Chlorinated Filtered Water.

Number of colonies on Nutrient Gelatin at 18 - 20° C. after 72 hours

Presumptive B. Coli Test after 72 hours

1,364 per c.c., varying from 60 to 14,200 per c.c.

Positive in 0.01 c.c. up to 1.0 c.c.

145 per c.c. Positive in 0.1 c.c. up to 100 c.c.

Less than 1 per c.c. Negative in 100 c.c. 94.4%. Positive in 100 c.c. 1.8%. Positive in 50 c.c. 3.8%

A typical analysis of tap water taken in the centre of the town :-

						Parts per 100,
Chlorine as Chlorides		••••		• • • •	••••	1.0000
Nitrogen as Nitrates		••••	••••	• • • •	• • • •	.0298
Ammonia		****		• • • •		.0012
Albuminoid Ammonia	••••	* * * *	•••	• • • •	• • • •	.0090
Oxygen Absorption		••••		••••	••••	.1336
Injurious Metals		••••	• • • •	••••	• • • •	None
Total solid matter dried	dat	100° C.	• • • •		• • • •	10.0000

Temporary Hardness60 Degrees.

Permanent Hardness 7.80 ,,

Colour of sample on Hazen Scale 13
Appearance of sample in 2 foot tube Not quite bright.
Odour when heated to 50 Degrees C. None

Small deposit from $\frac{1}{2}$ gallon consisting of earthy matter, vegetable debris, one or two threads of fungus, a few micro-organisms and some cotton fibres, no doubt due to contamination of the open reservoir at Harrowgate Hill from which the water is not filtered.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.

Presumptive B. Coli Test after 72 hours.

3 in 2 c.c.

Positive in 50 e.e.

The recent aeeident by which tar oils had access to the River Tees above the intake opens up a problem for future observation.

The tarring of roads, the dipping of sheep and the manuring of land and weed killing ean all be associated as sources of contamination and danger, particularly when the river is low.

DRAINAGE AND SEWERAGE.

Important extensions of our sewerage are becoming inevitable mainly owing to the conversion of the 7,000 privy ashpits during the past five years and the fact that our sewers are old and not quite suited to the modern demands of water earriage. An experimental activated sludge process is in operation at the sewage farm.

The separate system of draining surface water from the sewage into the River Skerne prevents serious flooding and back washing in times of flood.

DISPOSAL OF THE DEAD.

Three large Cemeteries all recently extended provide adequate places for disposal by earth burial for many years to eome. They are all well placed from a sanitary point of view and do not lead to any interference with the amenities of the neighbourhood. Public opinion is however growing on the subject of cremation as the most sanitary method of disposal of our dead. The Darlington Cremation Society has for a number of years, as a private body, equipped a modern Crematorium in the grounds of the West Cemetery. During the past year a record number of 80 cremations have been carried out for the town and district. The Medical Officer of Health acts as Honorary Medical Referee, and every opportunity is taken to bring before the public the advantages of this method. Were it realised that cremation is no more expensive than earth burial I am sure its use would be more widely practised by the present enlightened population. There is an idea that the expense rules out any opportunity of its adoption by the working classes, but the reasonable figures charged by the Loeal Society are within the scope of all when compared with those for earth burial. Negotiations between the Corporation and the Society are at present taking place regarding the suggested purchase by the former body.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Notifiable infectious diseases during the year have shown a very low ineidence as may be judged from the fact that there was not a single case of infantile paralysis, encephalitis or smallpox, or death from Diphtheria, Scarlet Fever or Typhoid, while Measles and Whooping Cough accounted for only 5 and 2 deaths respectively though it was expected to be an epidemic year. The prompt use of Diphtheria anti-toxin serum and its free provision to practitioners for its early use in all suspected cases has done much to obviate those tragedies which we used to receive so often into Hospitals, where the disease had progressed beyond hope. Stocks are kept available for all practitioners on demand at the Fever Hospital.

Cerebro Spinal Fever which has been endemic in Catteriek Camp during the past two years, eaused four cases in the town and one death.

The success achieved in the present day treatment of Cerebro-spinal Meningitis (spotted or acute brain fever) is due mainly to serum but also to improved technique as the result of research in lumbar puncture and brain surgery. The fact that there was only one death out of our four cases in Darlington and three deaths in nine cases from other areas, shows the progress which has been made in what was once quite rightly considered a fatal or at least intensely incapacitating disease. All the convalescents made a complete recovery.

Scarlet Fever was of a very mild type during the year. No definite relationship between it and the nine cases of puerperal fever was established.

Under the Regulations of 1927 regarding pneumonia, malaria and dysentery, 80 cases of pneumonia were notified but no others. Cases of amoebic and bacillary dysentery have been reported from time to time in Newcastle-on-Tyne and County Durham but no evidence is forthcoming in Darlington. In fact our diarrhoeal death rate has been consistently the lowest in the North-east for the past seven years.

The Fever Hospital with its surplus of available beds for the town and district, is never embarrassed in the admission of cases, and accommodation is available for all types of infections, notifiable and non-notifiable. The Scarlet Fever block of 40 beds is, however, only of wooden structure and being over 22 years old is ripe for replacement by a more modern cubicle and large ward block.

Uncomplicated cases of scarlet fever are discharged in approximately four weeks, while mild cases under good conditions are kept at home, provided there is no danger to the public health in food supply or contact. Cases nursed at home are supervised by a Health Visitor, Sanitary Inspector and Medical Officer of Health. Old routine disinfection of premises has been in a large measure superseded by requiring a complete "spring cleaning" of the infected property.

Influenza was prevalent in a mild form at the begining of the year and accounted for an increased notification of pneumonia but the death roll was not materially increased, mainly owing to the early precautions which were taken through propaganda among the school children. Cases of pneumonia living under poor surroundings were immediately admitted to the Fever Hospital on request of the practitioner. Weekly intimations of the absence of all children from school are forwarded to the Medical Officer of Health, who is also School Medical Officer and this ensures prompt visitation and removal to hospital if necessary.

Pathological and bacteriological specimens are examined at our local laboratory by the M.O.H. or Deputy M.O.H. or are sent to the Armstrong College, Newcastle-upon-Tyne. Swabbing of Diphtheria cases is not carried out as a routine either in patients or contacts, but artificial immunization by the Schick process is carried out in the staff of the Fever Hospital and in the children under five at our Nursery Schools, subject of course to parental consent.

Our incidence of Diphtheria has been so low recently—there has not been a death for almost two years—that one can appreciate the mentality of the parents in not seeking to take advantage of the facilities we have granted in the Health Department. Mrs. Potts, superintendent of the George Dent Nursery School takes every opportunity to impress on parents the necessity

for prevention in this manner. Further information is given in the Sehool Report which has been appended. With less than 19% of our babies vaccinated it will be appreciated that Darlington holds fairly strong anti-immunization views which only a serious epidemic can shake.

No necessity arose for vaccinations under the Public Health (Smallpox Prevention) Regulations, 1917, as there was no smallpox.

The other diseases mentioned in the Ministry's Circular—locally contracted anthrax, epidemic jaundice, undulant fever, grandular fever or psittacosis—were not brought to my attention at any time during the year and as the relationship between the Health Department and the Hospitals and general practitioners is very intimate and cordial I would have known had there been any suspected cases.

Chickenpox.—Four hundred and ninety two cases were notified and followed up in order to ensure isolation and quarantine in our schools.

Scarlet Fever.—The type remains mild and of low incidence—115 eases with no deaths. Serum is given only to the toxic cases, excellent results having been achieved during the year in preventing serious complications. It was not necessary to call in a consulting surgeon at any time as all the complications were treated by our own staff by minor operations. All convalescent patients are given a course of Ultra-violet Ray treatment winter and summer varying from 2 minutes up to 30 minutes exposure back and front. Detailed records have been kept of weight, general progress and mental condition, but most noticeable is the apparent happiness of the children.

Diphtheria.—As in the case of scarlet fever there was low incidence and no deaths—46 cases, and as I surmised last year we are in the trough of the epidemic waves.

Typhoid Fever.—The single case was a Nurse who neglected to protect herself during the nursing of the Malton cases. Fortunately she was a mild ease detected early.

Puerperal Fever.—Nine cases and four deaths have been already commented upon. One was nursed at home.

Puerperal Pyrexia.—Six cases were notified and investigated. There were no deaths. In five of the cases home nursing by the Queen's Nurses was provided by the Authority. All recovered completely.

Ophthalmia Neonatorum.—All the five notified completely recovered, three in Hospital and two at home—vision unimpaired and no deaths.

Measles and German Measles.—This should have been an epidemic year, seeing the last severe outbreak was in 1930 but evidently the protection conferred was of a high degree. Of the 325 notified, five severe ones were admitted to the Fever Hospital and recovered. Convalescent serum provided by the medical and nursing staff has been frequently used in desperate cases with marked results. Five cases died at home, and nurses paid 40 visits.

Whooping Cough.—As in the case of measles, first infections in a family within two months in children under five years are notifiable so that steps can be taken to prevent the spread to others. Such notifications numbered 181 and there were two deaths. Nurses paid 42 visits.

Pneumonia.—Influenzal and Aeute Primary Pneumonia were prevalent during the first quarter and eaused 80 eases and 46 deaths. Eleven were admitted mainly from overerowded houses to the Fever Hospital and of these four died. There is a definite relationship between deaths from pneumonia and bad housing.

Cerebro-Spinal Meningitis.—The Fever Hospital staff have had excellent experience with eases from the military authorities at Catteriek and satisfactory results have been achieved. Of 13 eases only 4 died—a mortality very considerably less than that expected and holding in neighbouring towns. All the eases were checked bacteriologically and recoveries were complete and maintained. 46 lumbar punctures were performed under anaesthetic.

Diarrhoea under Two Years.—Darlington holds a very proud place in the North-East having had the lowest incidence of all the County Boroughs consistently during the past seven years. The deaths in 1932 numbered 2, a rate of 1.7 per 1,000 births. This low rate can be attributed to the supervision of the mothers and children in the maternity and child welfare work and our food inspection chiefly the milk supply.

Other Diseases.—No cases of acute encephalitis lethargica, acute anterior poliomyelitis, polioeneephalitis, dysentery, rabies or anthrax were reported.

Staff lilness.—Owing to the recreational activities and the general high standard of physical fitness required before appointment there has been very little staff illness during the year. Four nurses had tonsillitis, one scarlet fever, one typhoid, and one influenza, total off duty amounting to only 93 days, while four maids were ill with tonsillitis a total of 18 days. The total illness lasted 111 days out of a total service of 12,410 days—approximately .9% while the figure among school teachers and other workers is in the neighbourhood of 3%. There is an appreciable improvement in the type of girl now seeking to be a fully qualified registered nurse, and one looks forward now to better results in the State Registration Examinations. Two new probationers can be taken on each year, and at the completion of three years sit their examination. Lectures are given by the Medical Officer of Health, Matron and Sister Tutor.

Vaccination.—Through the death of Dr. J. Currie D.S.O., in July, 1932, a vacancy occurred in the appointment of Public Vaccinator, but arrangements have been made for Dr. Wormald to continue the duties until our scheme of co-ordination and centralization is completed next year—a special agreement having been prepared and signed respecting the all-in services and remuneration with the approval of the Ministry of Health.

The following returns are kindly forwarded by Mr. J. O. Tomlin, Vaccination Officer.

Number of Births Registered	 1,127
Certificate of Successful Vaccination	 208
,, Conscientious Objection	 840
,, Insuseeptibility	 4
Died unvaccinated under one year	 60

Year by year the proportion of vaccinations steadily falls and only an outbreak of Smallpox will wake the parents to their responsibility.

Summary of Work at Infectious Diseases Hospital.

Diseases		From B	Cases removed to and Deaths in Hospital. From Borough From Rural & other District				
Ω 11		Cases	Deaths	Cases	Deaths		
Smallpox							
Searlet Fever		101		43	—		
Diphtheria		43		7	1		
Typhoid and Para-Typhoid Fo	ever	1		36	1		
Erysipelas	• • • •	1		4			
Ophthalmia Neonatorum		1					
Puerperal Fever		5		2			
Puerperal Pyrexia		2	1				
Pneumonia		11	.1.				
Chickenpox							
Measles and German Measles		5					
Encephalitis Lethargica							
Pulmonary Tuberculosis		11	3				
Other Forms of Tuberculosis		3	2	-			
Whooping Cough				1	1		
Cerebro Spinal Meningitis		4.	1	9	3		
Other Conditions		9	$\frac{1}{2}$	1	—→		
Totals	• • • •	197	13	103	6		

Operations performed.—Mastoidectomy, 1; Tracheotomy, 1; Lumbar Puncture, 46; Cisternal Puncture, 1; Incision of Glands, 10;

Dental Extractions, 17.

Artificial Sunlight.—Sixty-nine patients mainly convalescents from Searlet Fever and Pneumonia received 552 doses from our Jesionek Mereury Vapour lamp, varying from 2 minutes up to 30 minutes in graduated increases.

CANCER.

Several meetings of the North of England Council have been held in Newcastle and the Radium Institute has been set up at Royal Victoria Infirmary the line of investigation to be earried out by Dr. F. Dickens, being bio-ehemical examination of pre-eaneerous states during the coming seven years. A table has been appended showing that of the 79 cases in 1932, 51 were of the bowel, and that 41 were male and 38 female. The late diagnosis and inaccessibility of bowel cancer in the majority of cases point to the necessity for some such investigation as Dr. Dickens is embarking upon.

The mortality in Darlington has always been below that of England and Wales, 1.1 per 1,000 compared with 1.5, and steps are taken to inform the medical practitioners, and also keep the public informed of the early signs and symptoms and the facilities at our local hospital and at Newcastle.

PREVENTION OF BLINDNESS.

No action has been taken under Sect. 66 of the Public Health Act, 1925, as the Voluntary Institutions in the town have been available for all cases requiring glasses.

CLEANSING AND DISINFECTION OF VERMINOUS PERSONS, &c.

The general standard of cleanliness is very much improved since the introduction of practical school hygiene into the curriculum. It is very rare for occasion to arise to take strong measures as the visit of the Health Visitor, followed by that of the Sanitary Inspector, is sufficient to rouse the conscience.

The disinfection of houses after infectious disease is a matter which is now not pressed in the old-fashioned way. Rather, the importance of thorough cleansing with soap and water is emphasised, the bedding and elothing being removed for steam disinfection at the Infectious Diseases Hospital in the Ambulanee with the patient.

Control of rats and insect pests is kept up systematically throughout the year by supervision of tips, water courses, waste land and such haunts.

VENEREAL DISEASES.

No change has taken place in the Seheme sinee last year. The Clinic at the General Hospital is staffed by Dr. McFarlane, Deputy Medical Officer of Health and Venereal Diseases Officer, a full-time Orderly and a part-time Nurse from the Hospital Staff. The wooden building is unsatisfactory, but it is hoped that new quarters will be shortly available. Very few general practitioners can afford the time or have sufficient experience to treat these cases adequately, and in addition our ascertainment of infected families by our maternity and school services is now much more complete. The Clinic also serves Durham and North Riding patients. Two beds are provided in the Hospital for treatment.

Laboratory work is done at the Clinic and the Armstrong College.

Pathological Examinations made in the University of Durham College of Medicine, Public Health Laboratory, Newcastle-upon-Tyne, during the year ending on the 31st December, 1932, relating to persons residing in the County Borough of Darlington.:—

Nature of Test		Number of Tests
For detection of spirochetes For Treatme		_
For detection of gonococci For Treatme	ent Centre	_
For Wassermann reaction For Treatme For Practition		310 61
C.S. Fluid For Treatme For Practition		1 2
C.S. Fluid for General Examination For Practition	oners	1
	Total	$\overline{375}$

No action was taken under the Venereal Disease Act in public prosecutions, but "follow-up" arrangements have had a very salutary effect in tracing sources of infection and enforcing treatment.

There is a local branch of the British Social Hygiene Council, of which the Medical Officer of Health is Honorary Secretary.

The Clinic is open for women and children Monday, Tuesday, and Friday, 2 p.m., and for men, Tuesday and Friday, 5-30 p.m., also by special appointment for treatment and irrigation.

Number of Darlington County Borough Out-patients attending Clinic for first time.

	Syphilis		Gonorrhœa		Soft Chancre		Other Cases		Tot	Total		lances
	М.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	Attendances
1920	65	$-\frac{1}{42}$	55	14	2		8	5	130	61	191	1,795
1921	47	27	24	5	_		9		80	32	112	1,234
1922	36	22	17	12	3	1	13	12	69	47	116	1,816
1923	16	22	36	19		5	18	12	70	58	128	4,288
1924	25	13	49	36	3	1	24	40	101	90	191	4,433
1925	32	26	54	30	3	2	24	26	113	84	197	4,207
1926	31	27	70	25	1	1	52	29	154	82	236	6,955
1927	24	30	78	39	1		26	15	129	84	213	7,856
1928	33	33	118	57	4		44	48	199	138	337	11,388
1929	27	20	67	31	5	-	32	42	131	93	224	1,2774
1930	14	26	58	17	1		50	45	123	88	211	10,765
1931	28	16	63	22	2	********	35	54	128	92	220	11,725
1932	28	19	68	17		***************************************	47	27	143	63	206	12,096

Summary of Work at Darlington Treatment Centre.

					15 10 (Co.	N.R.	F11 (1
New Cases					Darlington	Durham	Yorks.	Total
Syphilis			••••	••••	47	9	8	64
Soft Chancre						1		1
Gonorrhoea			••••		85	24	13	122
Conditions oth	ner tha	an Ven	ereal		74	21	21	116
			Tr _o ,	 tal	206	55	42	303
			10	täi	200	<i>55</i>	42	
Total number	of att	endand	ees		$12,\!096$	2,281	1,627	16,004
In-Patient Da	ys				89	84	27	200
Total Doses of	of Ars	senobci	nzenc	Com-				
pounds gi					739	157	177	1,073

TUBERCULOSIS.

I am pleased to be able to note the reduction in deaths from 91 to 79 particularly in such a difficult year when one would have expected an increase due to poor feeding and associated worries of family life. There is still unfortunately much reluctance on the part of patients to face the facts in that late consultation with a doctor and late notification to me delay the all important early treatment. For instance of the 79 deaths, 18 were notified within a week of death and 38 within three months. From the information I have, most of these eases had been obviously losing weight for a year or more. One welcomes the fact that the deaths from non-pulmonary tuberculosis are the lowest on record. This can be attributed to the pasteurization of milk supplies and periodic inspection of dairy cows, as well as medical inspections. The notifications of new cases are also the lowest recorded.

The Scheme has not been altered since last year, Durham County Council Staff carrying out the Clinical Dispensary and Sanatorium work. The Dispensary is held on Mondays and Fridays at the Health Office. The Medical Officer of Health is also Honorary Secretary of the Tuberculosis Care Committee, so that close co-ordination is maintained in all the services.

Advanced cases in overcrowded homes are removed to the Municipal Hospital, but special accommodation has been opened at our Infectious Diseases Hospital, as there is much unwillingness on the part of patients to enter the Poor Law Institution. The housing of our tuberculous families is also another matter for improvement.

There were 79 deaths from Tuberculosis during 1932, compared with 91 last year.

Tuboroulogic of the D	Males.	ŀ	emales.	Total.
Tuberculosis of the Respiratory System Other Tuberculous Diseases	49		22	 71
Other Tuberedious Diseases			. 1 .	

New Cases	and	Mortality	during	1932.
-----------	-----	-----------	--------	-------

		New	Cases.			Deaths.			
A as Daviada	Pulm	Pulmonary.		Non- Pulmonary.		onary.	Non- Pulmonary.		
Age-Periods.	М.	F.	M.	F.	M.	F.	M.	F.	
0	2		1	1	2			1	
1—		3	4	.1.	• • • •	2	2	1	
5—	1	3	5	7	2		1		
10—	4	3	2	2	* * * *			1	
15—	7	5	3	3	3	5	1		
20—	10	12	1	7	6				
25—	12	14		1	6	7			
35—	11	4		1	4	2		1	
45	11	3	1	1	16	5			
55—	6	4		1	8	* * * *			
65 and upwards	$\frac{2}{2}$	2		1	2	1	* * * *	* * * *	
Totals	66	53	17	29	49	22	.+	4	

Of the above 79 deaths, 11 were cases which came to to the knowledge of the Medical Officer of Health otherwise than by notification under the Regulations.

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS, 1925, and PUBLIC HEALTH ACT, 1925 (Section 62).

No compulsory action has been taken, as informal pressure was in all cases sufficient to attain our ends.

Summary of the Year's Work.

Total Darlington patients in Institutions, 108. Of these 7 had been in more than one year. Number of days' treatment in 1932:—13,354

Patients attending Dispensary 563 { About 90% Darlington Residents.

Health Visitors—First visits, 136; re-visits 2,084. Total—2,220.

Visits and Dressings by Queen's Nurses—679 to 28 patients.

During the year 47 X-Ray examinations were carried out. Ultra-Violet Ray Therapy Treatment was given to 69 patients.

SANATORIA AND HOSPITALS USED.

					Days'
		Pati	ents.	Total.	Treatment.
		M.	F.		
Tindale Crescent			7	7	564
Darlington General Hospital	• • • •	10	5	15	1,718
Holywood Hall Sanatorium	• • • •	48		48	5,898
Helmington Row Sanatorium		2		2	557
Seaham Hall Sanatorium	• • • •		10	10	1,334 -
Earl's House Sanatorium	• • • •	7		7	545
Bleneathra Sanatorium	• • • •		4	4.	486
Stannington Sanatorium	• • • •	3	5	8	1,506
Sunderland Sanatorium	• • • •		5	5	580
Royal Victoria Infirmary	• • • •	1	—	1	39
Preston Hall		1		1	127
Total		$\frac{-}{72}$	36	108	13,354

One Shelter was erected for the use of a patient residing in the Borough during the year, and 5 were in use on the 1st of January, 1933.

In addition seventeen female patients were admitted to the Fever Hospital for 1,397 days' treatment and fifteen pulmonary and 2 non-pulmonary male cases were admitted to the Poor Law Institution, all in an advanced and infectious condition.

NOTIFICATIONS OF TUBERCULOSIS (Pulmonary and Non-Pulmonary and DEATHS.

Year.	Pulme	onary.	Non-Pulmonary.			
	Notified.	Deaths.	Notified.	Deaths.		
1920	151	61	55	22		
1921	124	66	32	17		
1922	111	71	47	20		
1923	135	69	80	15		
1924	119	62	65	21		
1925	134	58	56	24		
1926	111	59	76	16		
1927	119	68	59	19		
1928	101	58	63	$\overline{27}$		
1929	102	63	54	14		
1930	106	67	65	10		
1931	105	75	50	16		
1932	119	71	46	. 8		

Number of Cases of Tuberculosis remaining on the Register of Notifications.

PI	ULMONAF	RY.	NON	-PULMON	Total	
Males.	Females.	Total. Males. Females. Total.		Total.	Cases.	
201	158	359	140	161	301	660

REMOVALS FROM REGISTER OF NOTIFICATIONS.

		Pulm M.	onary F.	Total	Non-Pul M.	monary F.	Total	Total Cases
Withdrawn	****	3	1	4		1.	1	5
Recovery	****	-			3	3	6	6
Deaths	••••	49	23	72	7	7	1.4	86
Left District	****	7	3	10	3	3	6	16

VOLUNTARY CARE COMMITTEE.

The social work carried out by this Committee increases in importance year by year, in furthering the welfare of afflieted families by providing advice, better housing, additional clothing, nourishment or financial help.

Since 1919, 616 cases have been dealt with, and during the present year 68 new applications were entertained.

It is regrettable that so much of this help of a material form in eggs, milk, butter, meat, is rendered of less effect by the poor housing in which the families are financially obliged to live, or to which the patients must return when convalescent from sanatoria. I have always held the opinion that the direct tuberculosis schemes have not attained the success that was anticipated, but that our maternity and child welfare and school medical services, with their better teaching of health ideals early, and open-air schools for the delicate, are much sounder financial propositions.

The removal of our early tuberculous cases to employment in a colony, as has been so successfully done at Papworth and Preston Hall, where treatment is combined with suitable work, is the ideal but initially expensive scheme. The next best is the re-housing and supervision of the infected families, if necessary by subsidy from the rates in order to try to stop the passing of infection from parent to child. The most infectious cases in the last stages should be removed to the Infectious Diseases Hospital. It is estimated that a 16-bed pavilion would be the necessary addition to our present Fever Hospital accommodation for this purpose.

HEALTH EDUCATION.

PROPAGANDA.

This ever-growing side of the Public Health Department is interwoven in all the daily routine. It often means the difficult task of teaching people who are very unwilling to improve their conditions. The visit of the Health Visitor, the Sanitary Inspector and the School Nurse is as much educational as the work of the School Teacher in the School, though the lessons are not sought. The good name of the town is largely due to the work of these people in producing such a high standard of citizenship. Lectures have been given by members of the Staff to representative organisations in the town, the Women's Guilds, the Men's Guilds, the political organisations, the British Legion, the British Undertakers' Association, the Rotary Club, Church Meetings, College of Nursing, Midwives' Institute, Trades Council. Posters, Leaflets, Press articles and the monthly "Better Health" Magazine have been circulated with a view to rousing the health conscience of the citizens. Two thousand copies of this interesting journal are distributed monthly in Schools and Clinics and are earnestly sought for by parents and children.

The Baby Day Celebrations have already been mentioned.

SANITARY INSPECTOR'S REPORT, 1932.

Mr. A. E. Wade, Senior Sanitary Inspector, reports as follows:—

To Dr. G. A. Dawson, M.D., D.P.H., Medical Officer of Health, County Borough of Darlington.

DEAR SIR,

I herewith submit my Annual Report for the year 1932.

I have endeavoured to make full use of the special legislation contained in the Darlington Corporation Act, 1930.

Section 149 requires houses, flats, &c. let to more than one family to be provided with adequate means of escape in case of fire. I wish to thank the Chief Officer of the Fire Brigade for the valuable assistance he has rendered in carrying out the provisions of this section.

Section 150 requires each house or part of a house let separately to be provided with adequate food storage accommodation. The adminstration of this Section has taken up much time as owners have endeavoured to evade their responsibility on the plea that sub-tenants were the occupiers' responsibility. In many cases this has been correct, but where the owner has received the rent for sub-letting, foodstore accommodation has been insisted upon.

Section 160 requires all manufacturers and vendors of Icc Cream to be registered. This has given us greater powers. Wherever contamination is likely to occur, registration has been refused. Ice Cream is now made under better conditions, indeed, many manufacturers have acquired modern machinery and have adopted methods more commensurate with the handling of such an easily contaminated commodity. It is regrettable that power does not exist to prevent street trading, as contamination from dust during dry and windy weather is still a potential danger.

Section 164—Under this section all the large and foul ashpits in connection with dwellinghouses have been discontinued, and tipping or portable bins have been substituted. It is a matter for regret that the section does not give power for the demolition of these ashpits in addition to the discontinuance of their use. However, many owners have demolished ashpits and used the space to better advantage.

Section 166 has helped us considerably in the control of tents, living vans and like structures, used in lieu of dwellinghouses.

The intensive inspection of food has been pursued with gratifying results. Inspection of cowsheds, milk supplies and meat has taken up an enormous amount of time. It is difficult to shew any tangible results from our activities in this direction, yet I feel sure the health of the community must have benefitted thereby, although the economic position has had a nullifying effect upon the results aimed at. It is pleasing to know that the relations between the Office and the various traders still remains satisfactory, although our activities have entailed considerable loss to many.

Drainage and Sewerage.—The sewage of the town is conveyed by gravitation to the Sewage Farm in Skerne Valley about a mile to the south of the town. Storm overflows are provided at convenient points in the lower parts of the town in the neighbourhood of the River Skerne. During very heavy rainfall serious flooding took place in Rydal Road, Clifton Road and Leyburn Road, the sewage entering some of the houses to a depth of six inches. I understand certain works are to be undertaken immediately by the Borough Surveyor to prevent this occurrence.

Numerous complaints have been received from residents of the unpleasant emanations from the open sewer ventilators. This annoyance is very real, and is badly in need of alleviation by means of a more up-to-date ventilation system.

Sanitary Conveniences.—1,090 water closets were substituted for a like number of privy-ashpits, 11 water closets were substituted for 11 privy-pans and 25 water closets for 25 privy-middens. These substitutions were carried out under the conversion schemes.

Two hundred and sixty-one privy-ashpits, 7 privy-pans and 5 privy-middens have been removed and no water closets substituted where the premises were already provided with a water closet.

The following is a list of the various forms of sanitary conveniences in use in the Borough:—

Water closets		• • • •	• • • •	 19,549
Combined Privy-ashpits	• • • •	• • • •	• • • •	 454
Privy-pans	• • • •		• • • •	 32
Old Privy middens		• • • •		 22

Total 20,057

Scavenging and Tips.—The scavenging of the town is undertaken and

earried out by the Borough Surveyor's Department.

Snipe Tip is the only one used for the deposit of privy contents. This is covered over each week and is small in quantity owing to the rapid progress of the conversion of privies to water closets. This tip is situated well away from any dwellings, and constitutes no nuisance,

Household refuse is dealt with by controlled tipping at three tips:—Neasham Road, South Park and the Old Brickyard at Harrowgate Hill. By this method much low lying land is improved or re-claimed. No nuisance has arisen, as each day the material is covered with soil.

General Sanitary Work.—2,583 Inspections and 4,650 Re-inspections of houses were made under the Public Health and Housing Acts. 855 Informal Notices were served upon the owners of property in respect of 2,345 nuisances existing thereon, and in very many cases the nuisances were abated without further action being necessary. The remaining cases where the notices were not complied with, were included in the monthly reports submitted to you, Upon your instructions 389 Statutory Notices for the abatement of 740 nuisances were served during the year. The total number of nuisances abated in compliance with notices served during the year was 2, 406.

The following is a summary of the various headings under which such

notices were served:

Number of Nuisances or defects dealt with by Informal Notices	Number of Nuisances or defects dealt with by Formal Notices by Order of the Council Number of Nuisances or defects abated or remedied	after service of Notices
Dwelling-houses:—		
Foul Conditions 58	1	5 9
Structural Defects 1,327	348 1.5	239
Water Supply to Houses & Defective Fittings 7		7
Absence of Foodstores 122		168
Absence of Sinks 27		$\frac{1}{22}$
Absence of Washing Accommodation 3		3
Absence of Cooking Accommodation 3		3
Overcrowding 5		$\frac{3}{2}$
Defective Yard Paving 86		77
Water Closet:—	10	* *
Drains stopped and Defective Fittings 78	7.7	19
Water Supplies to Water Closets 39		
House Dramage:—	3	39
Vard Cellar Draine Down pines stanned		
Dotootaxro Anomo a ///	100	200
No disconnection from Sewer 414 Solution from Sewer 5		399
Filthy Yards		5
Animals and Poultry Improved 1		3
Slaughterhouses		4
Cowsheds		2
Offensive Trades		4
C 1 NT		6
Ashnite Privies and Achbins	-	4
Denosity of Refuse and Manune	224	311
Dt		22
Living Vanc		5
Living Vans 3	_	3
Totals for 1932 2 345		
2,345	740 2,4	106

Analysis of Inspections, 1932.

	Analy	SIS Of II	ispecti	ions, is	932.			
Under Publie Health ar	nd Ho	using A	ets					7,194
Van Dwellings								71
Common Lodging House								142
Overerowded Houses								55
Interviews with Owners								1,827
Yards and Courts								194
Tands and Courts	••••	****						
Total Ins	peetio	ons of Ho	ousing	Condi	tions	••••		9,483
Slaughterhouses			• • • •		• • • •			4,804
Bakehouses								245
Cowsheds				• • • •				350
Milk Retailers		• • • •						461
Ice Cream Premises					• • • •			151
Fried Fish Shops and C	Offens	ive Trad	es		••••			225
Cold Stores								22
Fruit Warehouses		••••						119
Markets								138
Milk Tested for Dirt		• • • •						151
Total Inspect	ions w	vith refe	rence	to Food	ł		••••	6,666
Places of Public Entert	ainm	ent			• • • •			40
Visits after Infectious				0 0 0 0				260
Factories, Workshops,								800
Drain Testing								20
D-4 Inquations								90
Piggeries								69
Smoke Abatement								32
Investigation of Comp	laints							138
Shops' Aets					• • • •			467
Merehandise Marks Ac							• • • •	4.40
Total of othe		eetions	• • • •		0 0 + 0	• • • •		2,356
Total Inspect	ions r	nade du	ring tl	ne year			• • • •	18,505

SMOKE ABATEMENT.

Sixteen smoke observations have been earried out in connection with 4 premises. Special visits were made and advice given to stokers and others concerned, with satisfactory results.

Section 334 of the Public Health Act, 1875, exempts the following processes from the provisions of the Act relating to Smoke Abatement:— The smelting of ores and minerals, ealeining, puddling and rolling of iron and other metals, and the conversion of pig-iron into wrought-iron. The Public Health (Smoke Abatement) Act, 1926, Section 1, Subsection E extends the aforementioned list of exemptions to: "Re-heating, annealing, hardening, "forging, and the converting and earburising of iron and other metals":— Including smoke from dwelling-houses (also exempt) it will be seen that the

greatest smoke pollution emanates from premises that are exempted under the relevant Acts. From a public health point of view this is regrettable, but it is recognised by the legislature, that it is almost impossible to carry on these industries and comply with the standard of "not more than 2 minutes emission of black smoke in the aggregate within any continuous period of 30 minutes", as required by the Public Health (Smoke Abatement) Act, 1926.

Analysis of Observations.

PREMISES	No. of Observations	Minutes Black Smoke	Minutes Moderate Smoke	Length of time of Observation
Municipal Hospital	4 2	$6\frac{1}{2}, 15, 2\frac{1}{2}$ $8, 8$	$12, 7, 4, 2\frac{1}{2}, \\ 11, 5$	30 mins. 30 ,,
Tadcaster Brewery Co., Ltd., Ridsdale Street	1	$\frac{3\frac{1}{2}}{3}$	$2\frac{1}{2}$ $4\frac{3}{4}$	30 ,,
L.N.E.R. Co. (Repair Shops, Bank Top)	1	0	$3rac{1}{2}$	30 ,,
Hy. Pease & Co., Ltd., Priestgate Mills	5	$egin{array}{c} 4rac{1}{2},7,10,\ 6rac{1}{2},2rac{1}{2}\ 1rac{1}{2},3rac{1}{2} \end{array}$	5. 7. 7, 8, 5 5, 4	30 ,,

HOUSING ACT, 1925—BYELAWS.

Houses Let in Lodgings.—These byclaws apply to flats, tenements or parts of houses used for occupation by the working classes and occupied by members of more than one family.

Many large houses originally constructed for occupation by one family only, are now let to several families. Unfortunately the byelaws do not require an owner or occupier to notify or register such premises, therefore they often exist undetected. When discovered, the owners are asked to provide the amenities, required by the byelaws, but in many cases they refuse and immediately give notice to quit. These actions coupled with the scarcity of small houses whose rentals are within the scope of the persons living in these flats, or houses let in lodgings, cause the successful application of the byelaws to be postponed and in some cases impossible.

I am indebted to the Chief Officer of the Fire Brigade who has visited all premises containing second floors and over, whenever requested. His help in this behalf has been invaluable.

The following table will give some idea of the situation and the amount of work entailed and accomplished.

Dwellinghouses originally constructed as single houses and occupied as two or more tenements or flats dealt with during 1932.

Premises discontinued to be so let rather than comply with the byelaws

17

51

Number of separate families	117
Number of visits paid by Inspectors	173
Premises where separate foodstores, sinks, water supplies or washing accommodation, have been installed	22
Premises where special fire escapes have been installed or other structural alterations carried out	4
Premises where the application of the byelaws have been held in abeyance pending changes in tenancies	11

Living Vans, Tents and Sheds.—During 1932 one site was eonsented to for occupation by one living van. There are now five sites in use.

Valley Street North

Lodge Street.

Archer Street.

Chesnut Street.

Back Melland Street (one van only).

All the sites are under constant observation by the District Inspectors and myself.

Three Informal Notices were served and complied with, chiefly dealing with insufficient water closet accommodation and defective flush-pipe connections.

Sanitary Condition of Theatres and Places of Entertainment.—By the Home Office Order 25th August, 1920, the Secretary of State requires Sanitary Authorities to give special attention to premises holding a licence for Music and Dancing, special regard to be given to lavatory accommodation dressing rooms, ventilation and means of escape in case of fire.

There are 25 premises in the Borough to which this Order applies, 10 Picture Halls, 4 Billiard Halls, 10 Dance Halls and 1 Hotel.

The question of escape in ease of fire was dealt with by the Fire Brigade Officer.

The lavatory accommodation, dressing rooms and auditoriums have always been kept in a clean and satisfactory condition.

The ventilation at 2 Pieture Halls is not altogether satisfactory and steps are being taken to ensure improvement.

The Order suggests that where an adverse report is received relating to these premises, the Licensing Authority should cause the liceneee of such premises to be informed that unless the conditions be promtly remedied the matter will be taken into consideration when the question of the renewal of the licenee comes before them.

Improvements in ventilation have been obtained at one Picture House during the year. One New Picture Hall has been added and the system of ventilation here is worthy of note. It is the only Picture Hall in the town that has the Plenum System in operation. Here, the air is drawn, via a conduit from the roof level and is screened to remove soot and other solid impurities. It is then passed through heated radiators in winter (cooled in summer) and enters each part of the auditorium well above the heads of the

audience. The temperature is automatically governed by thermostats. As the inlets are greater than the outlets, draughts from doors are impossible. Special arrangements are designed to ensure clean air immediately in front of the projection screen, thereby obviating discomfort to the eyes. Ample lavatory cloak-room accommodation has been provided, also exits in case of fire. The boiler is heated by oil thereby eliminating any nuisance from dirt or smoke.

Offensive Trades.—Applications for licences were made by 2 Fish Friers, and one Gut Scraper. The licence for a Gut Scraper was granted, and the 2 Fish Friers were refused. One licence for a Tripe Boiler has been discontinued during the year.

The number of premises now used for offensive trades and duly licensed is 41, as follows:—

- 1 Gut Scraper.
- 33 Fish Friers.
 - 1 Fellmonger.
 - 1 Fat Rendering and Tripe Boiling.
 - 3 Fat Rendering.
 - 2 Rag and Bone Dealers.

There are also 29 Fried Fish Shops in the Borough not on the Licensed Register, having been established prior to the date of the Order under which they are scheduled as Offensive Trades.

The whole of the premises are under supervision, and are kept in a fairly satisfactory condition. Eight Informal Notices were served and complied with.

Factories, Workshops and Workplaces.—The number of Workshops, including Bakehouses, on the Register at the 31st December, 1932, was 447, and the number of Factories 217, total 664, of which 936 inspections have been made.

Bakers and Co	onfectio	ners	••••	• • • •	****	••••	110
Dressmaking,	Milline	ry, &c.		• • • •	••••	• • • •	46
Boot Repairin	g	••••	••••	****		• • • •	55
Joiners, Cabin	etmake	ers, &c.		• • • •	••••		66
Tailors	• • • •	• • • •	••••	• • • •		••••	33
Plumbers	• • • •	••••	• • • •	• • • •	•••		17
Blacksmiths	* * * *	••••	••••	• • • •	* * * *	••••	12
Painters	***	***		* * * *		••••	23
Upholsterers	• • • •	• • • •	• • • •	••••			12
Other Worksh	ops	•••	••••	• • • •	••••	••••	285
					Tot	al	659

Defects.				Found	Remedicd
Want of Cleanliness				9	9
Other Nuisances				18	16
Sanitary Accommodation—					
Unsuitable or Defective		• • • •		9	8
Want of Cleanliness				13	13
Insufficient				8	6
Not Separate for Sexes	• • • •		• • • •	3	3
		Total	• • • •	60	55

Five notices of defects to be dealt with under Public Health Acts were received from the Factory Inspector, and in each case the premises were inspected, notices served where necessary and the defects remedied.

Outworkers.—Eight lists containing the names of 30 Outworkers, were received, and 39 inspections of the premises of such Outworkers were made.

Rag Flock Acts, 1911-28.—There is one Manufactory for Rag Flock within the Borough which has been regularly inspected, and the business has been found to be earried on in a satisfactory manner. One Formal sample was taken and submitted for analysis to determine the degree of cleanliness of the Flocks, and the Analyst reported the sample to contain well under the limit of Soluble Chlorine as prescribed by the Act.

HOUSING.

The following figures show the progress made in house building since 1917:—

					terprise		Ву				
			Withou Subsid		With Subsidy		Without Subsidy		With		m-4-1
10	917		6		Bubsidy		Bubsidy		Subsidy		Total
		• • • •									6
	918	* * * *	2	• • • •		• • • •					2
	919	• • • •	6			• • • •					6
	920	* * * *	17								17
19	921		9		-		Charles and Charle		86		95
	922	• • • •	187	• • • •					152		339
18	923		264		1				35*		300*
19	924	• • • •	103		208				18*		329*
	925	• • • •	96		399				15		510
	926		81		256				50	* * * *	387
	927		56		334						390
	928	• • • •	5 8	• • • •	274	• • • •			34	• • • •	332
	929	• • • •	63		420	• • • •				• • • •	483
	930	• • • •	264*	• • • •			-				264*
18	931	• • • •	266	• • • •	2		-	• • • •			268
18	932	• • • •	311	• • • •		• • • •	6		8		325
ala	FW4 5										

^{*} The boundary of the Borough was extended in 1930 and nine additional houses in 1923 and 26 in 1924, which were erected by the Corporation, and 27 houses which were erected by private enterprise in 1930 were built on land which is now part of the County Borough.

(1) (a) Total number of dwelling-houses in housing defects (under Public Health Aets)	
(b) Number of inspections made for the pur	oose 2,583
(2) (a) Number of dwelling-houses (included und (1) above) which were inspected and rec the Housing (Consolidated) Regulations	ler sub-head orded under
(b) Number of inspections made for the pur	pose 940
(3) Number of dwelling-houses found to be in dangerous or injurious to health as to be unfoliabitation	
(4) Number of dwelling-houses (exclusive of thos under the preceding sub-head) found not respects reasonably fit for human habitation	to be in all
2. Remedy of defects during the year without servi notices:—	ee of formal
Number of defective dwelling-houses ren eonsequence of informal action by Authority or their officers	lered fit in the Local 771
 3. Action under Statutory Powers during the year: A.—Proceedings under Section 17 of the Housing (1) Number of dwelling-houses in respect of were served requiring repairs 	Act, 1930 :
(2) Number of dwelling-houses which were after services of Formal notices:—	
(a) By Owners	134
(b) By Local Authority in default of	
B.—Proeeedings under Publie Health Aets:—	
(1) Number of dwelling-houses in respect of were served requiring defects to be rem	chieh notiees edied 389
(2) Number of dwelling-houses in which remedied after service of formal notices	lefeets were
(a) By Owners	
(b) By Local Authority in default of	Owners 0
C.—Proceedings under sections 19 and 21 of the 1	
(1) Number of dwelling-houses in respect Demolition Orders were made	t of which
(2) Number of dwelling-houses demolished in of Demolition Orders	n Dursuance

D.—Proceedings under section 20 of the Housing Act, 1930:	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0
E.—Proceedings under section 3 of the Housing Act, 1925:— (1) Number of dwelling-houses in respect of which notices became operative requiring repairs	0
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	0
(b) By local authority in default of owners	0
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close	0
F.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925:—	
(1) Number of dwelling-houses in respect of which Closing Orders became operative	0
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	0
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	0

Overcrowding.—The shortage of houses of rentals suitable for those with small incomes remains the same. The increase in unemployment has eaused many to seek accommodation that is inadequate to their needs; those whose families are growing up remain in small houses or seek tenemented rooms. Although of recent years a large number of houses have been built in the Borough, these scarcely affect the position at all. The houses vacated by those who have removed to newly built houses in the suburbs have been allowed to become de-controlled, rents have been increased so that they often stand vacant for long periods of time, and are not available for those whose needs are greatest. There is great need for houses built on different lines to the semi or detached houses, as these are beyond the income of the small wage earner, or those who are unemployed for long periods.

Forty premises, consisting of 92 rooms occupied by 52 families composed of 310 persons were specially reported to the Health Committee, and the details passed on the Housing Committee.

Verminous Houses.—Ten dwellinghouses have been dealt with under Section 46 of the Public Health Act, 1925 by fumigation to get rid of bugs and fleas. This is most probably due to the exchange of second hand furniture.

Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.—No applications were received for Certificates under Section 2(2) of the above Act.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs.—During the year 272 samples were taken for analysis:

				No. of	Samples		Adulterated
Article T	'aken			Formal	Informal	Genuine	or below Standard
Milk—)
Morning				155	2	131	26
Afternoon	• • • •	• • • •		39		36	3
Pasteurised		• • • •		5		5	
Sterilised		• • • •		4		4	
Cream	• • • •	• • • •	• • • •		8	8	
Ham Sliees		* * * *		1	1	1	1
English Brawn		* * * *		•	1	1	
Calne Polony			• • • •		1	1	
Polony				1	3	1	3
Luneheon Polony			• • • •	1	1	2	
Pork Sausage			• • • •		9	9	
Breakfast Sausage		••••	• • • •		1	1	
Beef Sausage		••••			2	2	
Luncheon Sausage		••••			2	1	1
Dusting Powder (for	r Mea	l)			1	1	
Fish Cakes					1	Ī	
Veal and Pork Stuff	ing	••••			$ $ $\bar{1}$ $ $	ī	
Raspberry Jam		••••			Ī	$\tilde{1}$	
Ieing Sugar		• • • •			Ī	$\hat{1}$	
Butter		••••			10	10	
Lard		• • • •			1	1	
Coffee	• • • •				$\frac{1}{2}$	$oldsymbol{\dot{2}}$	
Margarine	• • • •	• • • •			$\begin{bmatrix} & \overline{1} & \end{bmatrix}$	ī	
Mincemeat	• • • •	• • • •			1	$\overline{1}$	
Tea	• • • •	• • • •			1	1	
Tinned Tomatoes	••••				1	$\frac{1}{1}$	
Condensed Full Crea	am M	ilk			$\frac{1}{2}$	$\frac{1}{2}$	
Condensed Sweeten	ed M	achine				4	
Skimmed Milk				-	5	5	
Tinned Raspberries	****	* * * *	* * * * * *		$\begin{vmatrix} & 3 \\ & 1 \end{vmatrix}$	1	
Tinned Pure Cream		••••			1	1	
Salmon Creme		***	• • • •		1	1	* * * *
Salmon Paste	* * * *	****		the same of the sa	$\frac{1}{1}$	1	
Pork Roll	• • • •				1	1	
Lobster Paste		••••		-	1	1	
					1	1	
		F17 1 1	-				
		Total		206	66	238	3.4

Of the 205 samples of Milk taken, 29 fell below the presumptive standard set by the Sale of Milk Regulations 1901-1912, i.e., Non-fatty Solids 8.50%—Fat 3.00%. Of these 13 samples were first samples, i.e., samples taken from Retail Purveyors, 5 were taken from Producers (or Wholesale Dealers) in eourse of delivery to the Retail Purveyor, 2 samples were "Appeal to Cow" samples, where the whole operations ineidental to milking were watched and supervised by the Sanitary Inspector, and 6 samples, although below standard were reported by the Analyst to be genuine, that is, no water added and no abstraction. One herd was subsequently examined by the County Veterinary Inspector upon our special request.

Five samples were taken at my request by the Officers of the Durham County Council from a Producer outside the Borough who supplied milk to a Purveyor residing in the Borough.

Details of the above samples are set out in the appended table wherein it will be seen that where first samples have been below standard and "Appeal to Cow" samples have followed, 3 of the latter have just reached the standard. As the least amount of cream is contained in the first or fore-milk and the maximum amount in the "strippings" or after-milk it will be readily seen that eareless milking often results in milk deficient in cream being offered for sale.

The cases Hunt v. Richardson and Grigg v. Smith condone such practice, whether by earelessness or design. An amendment to the law is long overdue, whereby it shall be an offence to sell milk minus the strippings, where it can be proved that a wide variation in deficiency of cream exists between a first sample and an "Appeal to Cow" sample. Milk is often the only food possible for young, aged or invalid persons and should be sold pure and of as good quality as possible.

DETAILS OF MILK BELOW STANDARD.

Remarks.	Sample taken from Retail Purveyor Taken from Producer in course of delivery to Purveyor.	Appeal to Cow, Deficiency due to not stripping the cows. Warning given.	Taken from Retail Purveyor. Taken from Producer in course of delivery to Purveyor of Samule No. 17.	Tal	Appeal to Cow sample. Both Retail Purveyor and	Warning given.	Taken from Producer in course of delivery to Pur-	Warning given. Warning civen milk from a small herd.	Warning given.	Warning given. Taken from Producer.	Taken from same Producer Appeal to Cow. Herd subsequently examined by	Veterinary Inspector.	Warning given.	Warning given.
Deficiency.	10.00% deficient in Fat 5.00% , , , , , ,	Just up to Standard	3.4% deficient in Fat Up to Standard	Deficient in N.F.S. equivalent to 2.0% added water	Up to Standard	3.4% deficient in Fat	Just up to Standard	6.66% deficient in Fat	6.66% ,, ,,	3.34%			6.66% ,, ,,	1.66% ,, ,,
	• •	•	• • •	:	•	:	::	•	: :	: :	:::		: :	:
Fat.	2.70% 2.85%	3.00%	$\frac{2.90\%}{3.20\%}$	4.8%	4.50%	2.90%	3.00%	2.80%	2.80%	$\frac{2.90\%}{2.60\%}$	2.80% 2.75%	/ 000	2.80% 2.80%	2.95%
v.	• •	:	• •	:	•	:	: :	•	: :	:			: :	:
N.F.S.	8.85%	8.81%	9.01%	8.33%	8.61%	8.78%	8.51%	8.72%	8.87%	9.08% 8.91%	9.05%		%00.6 %00.6	8.74%
A.M. or P.M.	A.M	A.M	A.M	P.M	P.M	A.M.	A.M	A.M	A.M	A.M			A.M	A.M
Date.	26/1/32 27/1/32	28/1/32	27/1/32 8/3/32	8/3/32	15/3/32	8/3/32	26/4/32 27/4/32	29/6/32	29/6/32	30/6/32	1/7/32		30/6/32	29/8/32
No. of Sample.	es 41	25	17	27	48	37	679	85.00 0.00 0.00 0.00	95 95	96	108		103	139

DETAILS OF MILK BELOW STANDARD—continued.

Remarks.	Taken from Purveyor Taken from Producer on Committee. Deficiency delivery to Purveyor. Stated to be due to an employee failing to enquest of Producer. Strip certain cows that were hard to milk.	Warning given. Taken from Retail Purveyor.	Taken from Purveyor in course of delivery to Vendor of Sample No. 260.	Taken from a Purveyor in course of delivery to Purveyor of No. 262.	These 3 samples were taken by the Durham County Council Sampling Officer from the Producer (of the milk of which samples Nos. 260, 262, 264 purported to be) in course of delivery to vendor	of sample No. 264. Proceedings were taken against the Vendor of sample No. 264 and case was dismissed with Costs amounting to £3 17s. 6d. against Defendant.
Deficieney.	13.40% deficient in Fat 15.00% ,, ,, ,, Just up to Standard	5.00°0 Equivalent to 4.7°0 added water Actual Hortvet 900 added water	Equivalent to 3.05°_{o} added water Actual Hortvet 7°_{o} added water	Equivalent to 4°_{0} added water Actual Hortvet $8^{\circ}_{/0}$ added water	Above Standard	
Fat.	2.60% 2.55% 3.00%	2.85°°° 3.86°°	3.94%	4.2500	4.10%	4.65%
N.F.S.	8.86% 8.86%	9.04°, 8.10°,	8.24%	8.16%	8.61% 8.93%	8.73%
A.M. or P.M.	A.M A.M	A.M	A.M	A.M	A.M	P.M
Date.	29/8/32 30/8/32 31/8/32	29/8/32 16/11/32	17/11/32	18/11/32	20/11/32	20/11/32
No. of Sample.	143	147	262	264	D.1.	D.3.

Details of SAMFLES FALLING BELOW THE STANDARD set up by the SALE OF MILK REGULATIONS 1901-12 Six of which proved to be genuine by the Hortvet Freezing Test.

Remarks.	Genuine.	Genuine.	Genuine.	Genuine.	Genuine.	Actual adulteration 9.00% added water	,, ,, 7.00% ,, ,,	8.00% ", "	Genuine Appeal to Cow samples.	Genuine)	
Freezing Point Horvet Test.	548°C.	545°C.	548°C.	545°C.	540°C.	485°C.	487°C.	495°C.	540°C.	540°C.	
Milk 12.	ter	•	ater			• • • • • • • • • • • • • • • • • • • •		66		:	
ale of 901-19]	lded wa	fat	ndded w	6			f.	*		ard .	
Begulations 1901-1912.	2.5% ac	cient in	1.40% 8	3.00% ,,	2.80% ,,	4.70%	3.05%	4.00% ,,	0.70%	e Stand	
Deficiency re Sale of Milk Regulations 1901-1912.	Equiv. to 2.5% added water	6.66% deficient in fat	Equiv. to 1.40% added water	6	6	6	66	6.	6	Well above Standard	
<u>;</u>	4.05%	··· %	3.35%	%	%	··· %	%	···	3.50%	%	
Fat.	4.05	2.80%		8.25% 4.30%	4.25%	3.80	3.94%	4.25%		3.35%	
δ.		0			8.26%	0	8.24%	8.16%		9	
N.F.S.	8.29%	8.67%	8.380			8.10°	8.24%		8.44%	9.149	
A.M. or P.M.	A.M	A.M	A.M 8.38%	P.M	A.M	A.M 8.10% 3.80%	A.M	A.M	A.M 8.44%	A.M 9.14%	
Date.	26/4/32 A.M 8.29%	26/4/32	16/4/32	26/4/32	15/11/32	16/11/33	17/11/32	18/11/32	21/11/32	21/11/32	
No. of Sample.	57	8.0	62	63	253	260	262	264	D.4.	D.5.	

MILK (Special Designations) ORDER, 1923.

The Special Designations under which Milk may be sold in pursuance of this Order are:—"Certified", "Grade A (Tuberculin Tested)", "Grade A" and "Pasteurised".

During the year 1 Licence for the sale of Pasteurised Milk was granted.

Five samples of Pasteurised Milk from the only firm producing this eommodity have been taken and submitted for bacteriological examination.

In order to comply with the standard, Pasteurised Milk should not contain more than 100,000 organisms per cubic centimetre, after 48 hours incubation at 37 degrees Centigrade. There is no standard for the presence or absence of Coliform Bacilli.

DETAILS OF BACTERIOLOGICAL EXAMINATION OF ABOVE SAMPLES.

No. of Sample	Date Taken	No. of organisms per e.c. 48 hours ineubation	Age of Sample	Age since Pasteurisa- tion	Presence or Absence of Coli. Bacilli
*1	17/2/32	2,740	28-31 hrs	24 hrs	Positive in 1 tube of 3
*2	9/5/32	2,100	26-44 hrs	24 hrs	tubes in 1/10th c.c. Positive in 1 tube of 3
*3	18/7/32	5,500	32-48 hrs	28 hrs	tubes in 1/10th c.c. Positive in 2 tubes of 3 tubes in 1/100th e.c.
*4	27/8/32	1,460	30-40 hrs	25 hrs	Positive in 2 tubes of 3
*5	14/11/32	2,400	36-40 hrs	28 hrs	tubes in 1/100th c.c. Positive in 1 tube of 3 tubes in 1 e.e.

^{*} In Cold Store for 24 hours after pasteurisation.

From the above table it will be seen that this supply is of excellent quality and reflects much credit upon the management of the dairy concerned.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915. MILK AND DAIRIES ORDER, 1926.

	Producers.	Retailers.	Cowsheds.
On Register 1st January, 1932	34	153	36
Discontinued during the year	1	17	0
Added during the year	1	15	1
Total at end of year	34	151	37

Cowsheds.—The routine inspection of herds was earried out by Mr. C. G. Hill, M.R.C.V.S. (in eompany with myself) of 32 herds. The number of eows examined was 371 which included 109 cows added since the previous examination. One eow was found to be suffering from Tubereulosis. It was removed from the herd and slaughtered. The general eondition of the herds was stated by Mr. Hill to be excellent in every respect.

In addition, 350 visits were made to cowsheds and 461 inspections were made of Milk Retailers' premises by the Sanitary Inspectors. One hundred and fifty-one samples of milk were tested by means of the Minit Dirt Tester and, where not satisfactory, the fact was immediately brought to the notice of the person responsible and a verbal warning given at the time of occurrence. This has had a very good effect upon cowkeepers and milk purveyors.

Five Informal notices were served for various defects and all were complied with.

Tubercle Bacilli.—Twenty-four samples were taken and sent to the Durham College of Medicine for Biological Examination for Tubercle Bacilli. In 21 cases the results were negative, in 2 cases the report stated "the guinea pigs died of Septic Peritonitis" and in one case Tubercle Bacilli were demonstrated.

In the former 2 cases, Veterinary Inspections were made of the herds concerned and steps taken to safeguard the supply. In the latter case, the Durham County Veterinary Department was notified and a tuberculous cow was found and subsequently slaughtered. The herds concerned were all outside the Borough.

Bacteriological Examination.—Forty-three samples of milk were submitted for Bacteriological Examination. In 18 cases, the presence of Coliform Bacilli was found in a dilution less than 1/1,000th c.e. In each case letters of warning were written to the persons concerned and where the producing dairy was situated outside the Borough, the Local Authority of that District was advised of the circumstances so that greater supervision could be given by that Health Authority.

It is generally recognised that the presence of Coliform Bacilli in a dilution of less than one-hundredth cubic centimetre is indicative of contamination, having regard always to the average temperature and age of the milk. Although there is no legal standard of cleanliness applicable to ungraded milk, we have endeavoured to maintain the best standard possible and feel sure to a very large degree we have been successful.

From the table set out below, it will be seen that in 7 cases only the total bacterial count was very bad.

General Analysis of Samples taken.

No. Classification Age of Sample		Total No. of Organisms per c.c.	Presence or absence of Coliform Bacilli after 48 hours incubation
1 Ordinary	$4\frac{1}{2}$,,	2,000	Positive in 3 tubes in .001 c.c. , 1 tube in .01 c.c. 2 tubes in .001 c.c.
3 ,, 4 ,, 5 ,,	$3\frac{5}{2}$,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$; 2 tubes in .001 c.c. 1 tube in .001 c.c. 3 tubes in .001 c.c.
6 ,, 7 ,, 8 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	61,000	3 tubes in .01 c.c. 3 tubes in .001 c.c.
9 ,, . 10 ,, . 11 ,, .	6 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2 tubes in .01 c.c. 3 tubes in .01 c.c. 3 tubes in .001 c.c.
14 ,, .	$\begin{array}{cccccccccccccccccccccccccccccccccccc$. 27,000 70,000	,, 3 tubes in .001 c.c. ,, 2 tubes in .0001 c.c. ,, 3 tubes in .0001 c.c.
16 ,,	5-7 ,, 5 ,, 5-7 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$,, 3 tubes in .001 c.c. ,, 2 tubes in .0001 c.c. ,, 3 tubes in .0001 c.c.
19 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$. 65,400 37,300	3 tubes in .0001 c.c. 3 tubes in .01 c.c. 3 tubes in .0001 c.c.
22 ,, 23 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$. 21,600 6,000	3 tubes in .01 c.c. 2 tubes in .1 c.c.
25 ,, 26 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$7,250 \dots \\ 103,500 \dots$	3 tubes in .1 c.e. 3 tubes in .01 c.e.
28 ,, 29 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$,, 2 tubes in .01 c.c. ,, .001 e.c.
31 ,, 32 ,,	6 ,,	$340,000 \dots 35,900 \dots$	Positive in .10 e.e.
34 ,, 35 ,,	6 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Negative in 1 c.c. Negative in 1 c.c.
37 ,, 38 ,,	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	400,000 37,600 88,000	. ,, l e.e. . ,, .001 e.e.
40 ,,	23 ,, 8 ,,	2,192,000 44,000 4,000	. , 1 c.c. 3 tubes in .01 c.c.
49	21 01	2,900 2,600	0.4.1

Tuberculosis Order, 1925.—Under this Order, 21 and 29 notifications respectively were sent to the North Riding of Yorkshire County Council and Durham County Council, in reference to 28 eows, 8 heifers, 8 bullocks, 4 ealves and 5 pigs; these animals were found on slaughter in the Borough slaughterhouses to be badly affected with Tuberculosis. In many other eases, the origin of the animals could not be traced, owing to the animals having changed ownership so often in the manner of trade through the activity of Cattle Dealers.

As a direct result of these notifications 3 dairy eows were found to be suffering from Tubereulosis and were in eonsequence slaughtered,

Artificial Cream Act, 1929.—The only persons in the Borough manufacturing or selling Artificial Cream come within the specified exceptions enumerated in Section 2(1) of the Act regarding registration of premises.

Public Health (Preservatives in Food) Regulations, 1927.—205 samples of Milk, 8 samples of Cream and 59 samples of Provisions were examined for the presence of prohibited preservatives, injurious substances, or excess of any allowed preservatives. Two hundred and sixty-seven samples were genuine whilst 5 samples contained preservatives contrary to the Regulations as follows:—

Ham Slices (Cooked, Informal)—Sulphur Dioxide 27 parts per Million.

Polony (Cooked, Informal)—Sulphur Dioxide 34 parts per Million.

Polony (Cooked, Formal)—Sulphur Dioxide 55 parts per Million.

Polony (Cooked, Informal)—Sulphur Dioxide 48 parts per Million.

Luncheon Sausage (Cooked, Informal)—Sulphur Dioxide 14 parts per Million.

The Regulations allow Sulphur Dioxide to be used as a preservative in raw meat up to 450 parts per million, if declared at time of Sale.

Technical Offences were committed, as the law does not permit the preservative above mentioned to be added to cooked meats. The amounts were very small, too small to be of any real consequence; having regard to these facts, letters of warning were written to those concerned who gave an undertaking to discontinue using preservatives in cooked foods.

Inspection of Meat and Other Foods.—The total number of animals inspected at the time of slaughter or immediately afterwards was 37,689, which is about 99% of the bovines and pigs and 95% of sheep slaughtered in the Borough.

This number is made up of 1,875 bovines, 160 calves, 9,287 sheep, and 2,843 pigs which were killed at the Abattoir, and 3,112 bovines, 590 calves, 14,594 sheep and 6,228 pigs which were killed in the private slaughterhouses.

There were 64 cases of emergency slaughter, of which 19 were killed at the Abattoir, 19 outside the Borough and the remaining 26 in the private slaughterhouses. This number involved 16 cows, 7 bulloeks, 3 heifers, 14 calves, 15 sheep, and 9 pigs, and as a result of inspection, the earcases and all the organs of 3 cows, 2 bullocks, 1 heifer, 5 calves, 9 sheep, and 2 pigs, and portions only of the careases of organs of 7 cows, 4 bullocks, 4 calves, 4 sheep and 3 pigs were condemned and destroyed. In the cases of 6 cows, 1 bullock, 2 heifers, 5 calves, 2 sheep and 4 pigs nothing was condemned or destroyed as a result of inspections.

The total weight of food condemned and destroyed during the year was 18 tons, 15 cwts, 1 stone, of which 10 tons, 14 cwts, $7\frac{1}{2}$ stones, were on account of tuberculosis.

The whole of the food condemned was voluntarily surrendered and destroyed,

The following is a brief Summary of all Food condemned during the year:—

		etails of Who					d Des	stroye	d.	α.	* 1
	~	0 1' 1	771 1	1 .					Cwts.	St.	Lbs.
22	Cows	Generalized	Tuber	eulosis	• • • •	••••	• • • •	5	14		_
2	Bullocks	,,	,	,,	• • • •	• • • •	• • • •		8	6	
	Heifers	,,	,	,,	• • • •	* * * *		_	15	4	
6	Calves	,,	,	,	* * * *	• • • •	• • • •		8	3	
7	Pigs	,,,	,	3	****	• • • •	• • • •		7	1	
1	Bullock	Tuberculosis	s with	Emacı	ation	• • • •	• • • •		3	6	_
1	Heifer	· ,,	,,		99	• • • •	• • • •		2	4	-
1	Cow	Septieaemia		and the second s	lastitis		• • • •		6		
1	Cow	Parturient I			• • • •		• • • •		6	2	
1	Heifer	Septie Perit					• • • •		5	4	
1	Bullock	Carcinoma o			Stomach	l	• • • •		6	2	
	Calf	Gangrene of				• • • •	• • • •		1	_	
1	Calf	Septic Pneu	monia			• • • •				4	
1	Calf	Septicaemia	and E	Interiti	S	***	• • • •			3	
1	Pig	,,	,,	,,	• • • •					4	
1	Calf	TT .	••••		* * * *					6	
	Calf	Osteomyelit				• • • •				5	
	Calves	Natural Dea	th and	l Moril	ound Co				2	1	
3	Pigs				rana co		,		$\bar{3}$	6	_
6	Sheep	"	"	"		"	••••		$\frac{3}{2}$	7	
1	Pig	Pyaemia ",	,,,	,,		,,	• • • •			5	
7	Sheep	1 yacıma		* * * *	• • • •	• • • •	• • • •			$\frac{3}{2}$	4
25	Sheep	Oedema and	 Emoc				* * * *		<u> </u>	6	
7	Pig	Ocuema and	HILLER		0 0 4 4	* * * *	• • • •		6		9
1		Sonting omic			• • • •	• • • •	• • • •			1	7
49	Pigs	Septieaemia			* * * *				4.	4	6
	Pig	Perforative		nitis	• • • •					5	
1	Sheep	Septic Mam	mitis	• • • •	••••	•••	• • • •			6	8
						// · 1	-		~ 6		
						Total	• • • •	10	10	3	6
				Sumn	nary.						
	00 Canaga	a and all One					ons	Cwts.	Ston		Lbs.
		s and all Org	ans	• • • •	• • • •	***	10	10	3		
	67 Lungs	* * * *	• • • •	• • • •	• • • •	• • • •	1	18	4		$12\frac{1}{2}$
15		••••	• • • •	• • • •			3	4	2		2
	39 Plueks	3. 404						2	2		7
		nd Tongues	• • • •			• • • •		7	5		4
	Tongue	S				• • • •			2		1
~	Hearts	• • • •							2	2	$5\frac{1}{2}$
	Stomae	hs and Intest	tines					6	3	3	10
	Mesente	eries			• • • •			7	4	4	1
	Udders.	•••	• • • •			* * * *		2	3		11
	Kidney	s	••••				-	_	4		5
	Brisket		• • • •	***					6		10
		s and Trimm		• • • •		••••		4	6		8
		ments of Fru				• • • •	1	4	6		4
		Mussels	-10		• • • •	* * * *	1	$rac{\mathbf{r}}{2}$	C	,	4
	Hams		• • • •	* * * *	* * * *	* * * *		يك	-		10
		Food	• • • •	• • • •	• • • •	***		7	2		10
	Cumica	± 00u	****	• • • •	* * * *	•••		1	4	f	7
				7	otal	••••	18	15	1		0

Caseous Lymphadenitis.—Eight notifications were received from the Medical Officer of Health for the Port of London, giving particulars of Sheep and Lambs arriving in the town from Foreign Countries and not inspected at the port of arrival.

The number involved was 674. These were all examined before leaving the Cold Store to which they were consigned, and no instances of disease were found.

Slaughterhouses.—There are 19 privately owned licensed slaughterhouses within the Borough in addition to the Abattoir. One slaughterhouse outside the Borough is used by several butchers having business premises in the Borough. This slaughterhouse is regularly inspected by our Inspectors by arrangement with the Darlington Rural District Council.

Fifty-eight butchers within the Borough during 1932 used the Abattoir regularly, 8 butchers outside the Borough and 21 allotment holders killed there occasionally.

It is worthy of note that 2 butchers from outside the Borough each killed a beast in the Abattoir, and upon examination these were found to be unfit for food due to Generalized Tuberculosis. Neither killed there afterwards.

4,804 Inspections were made in connection with the private slaughter-houses and the abattoir.

Public Health (Meat) Regulations, 1924.—There have been 2 breaches of these Regulations during 1932 and warnings were given by letter in each case.

- (a) Unnotified killing of pig.
- (b) Open conveyance of meat on bicycles.

Darlington Corporation Act, 1930, Section 160, Ice Cream.—At the end of the year 55 Manufacturers of Ice Cream were registered in relation to premises, 14 persons were registered as Vendors only. The 55 Manufacturers were also registered as Vendors making a total of 69.

These premises have been regularly and carefully visited, supervision being greatest where the needs suggested.

One hundred and forty-five visits were paid to these premises during 1932, and no breaches of the Act were found.

Shops Acts, 1912-13, and Shops (Hours of Closing) Act, 1928.—There are 3 Compulsory Orders in operation affecting respectively shops in which is carried on the Sale of Mcat, shops in which is carried on the Sale of Fruit, Vegetables or Flowers, and shops in which is carried on Mcn's Tailoring, Clothing and Outfitting and 3 Orders under the Shops Hours Act, 1904 affecting Chemists and Druggists, Hairdressers and Barbers and Boot and Shoe Dealers.

The Mcn's Tailoring, Clothing and Outfitting Order came into force on the 21st April, 1932,

Proceedings were taken against a Shopkeeper for a contravention of the Closing Order relating to the Sale of Fruit, Vegetables or Flowers and the Defendant was ordered to pay costs amounting to 14s. 6d.

There have been several minor contraventions of the above Acts and Orders and written or personal warnings were given to the Offenders. On the whole the above Orders have been fairly well observed.

Darlington Corporation Act, 1930, Section 149—Means of Escape in Case of Fire.—This enactment requires all premises over two storeys in height that are let as flats, tenements, &c., or where persons resort for sleeping purposes, to be made safe in ease of fire. Owing to the number of large houses now being occupied by different families and the consequent liability to fire, 13 eases were reported to the Chief Officer of the Fire Brigade for his advice.

In two cases, outside iron staircases have been fixed, in 2 cases wooden partitions have been replaced by brick walls, doorways bricked up or opened out as each case required, in 3 cases no alterations were deemed necessary, and in 6 cases the necessary work has been delayed or rendered unnecessary owing to alterations in the letting of the different rooms comprising the flats or tenements in question.

Poisons and Pharmacy Act, 1908.—Under this Act 2 samples of Sheep Dip have been taken and submitted for analysis. In one case a contravention was discovered in that the receptacle was labelled non-poisonous on its mainface, whilst in small print elsewhere it was labelled poisonous. A letter of warning was written by the Town Clerk to the Vendors of this article and the label was withdrawn.

Fertilisers and Feeding Stuffs Act, 1926.—All the premises whereon Fertilisers and Feeding Stuffs are dealt with have been inspected and Statutory statements examined. No contravention was found.

Acting as Inspector under Section 12 of the Act, 3 samples of Feeding Stuffs at 3 separate premises were taken and submitted to the Agricultural Analyst. The report disclosed no deviations from the facts contained in the Statutory Statements.

Acting as Official Sampler under Section 3 of the Act, 5 samples of Feeding Stuffs were taken; the analyses agreed with the Statutory statements contained in the invoices given.

The substances sampled were:— Layers Mash, Poultry Meal 1. 2.Feeding Bone Meal Section 12. Utility Laying Meal 3. Meat and Bone Meal 2 tons 4. Calf Meal 5. $\frac{1}{2}$ ton Sussex Ground Oats 6. 2 tons Section 3. 2 ,, 7. Meat Protein S, Meat and Bone Meal

From the foregoing it appears that makers and factors of Feeding Stuffs are making a genuine endeavour to market materials in compliance with the percentages of ingredients given in Statutory Statements or invoices.

No samples of Fertilisers have been taken by me either as Inspector or as Official Sampler. It appears that whatever Fertilisers are dealt with in the Borough, their origin is outside the Borough where they are sampled by the County Authority concerned. No request for samples to be taken of a Fertiliser was received under Section 3.

Merchandise Marks Act, 1926.—Orders under this Act are now in force and apply to Imported Goods as follows:—

- 1. Fresh Apples.
- 2. Raw Tomatoes.
- 3. Eggs in shell (i.e., hen and duck eggs).
- 4. Dried Eggs.
- 5. Currants, sultanas, and raisins.
- 6. Oat products (i.e., oatmeal, rolled oats, oat flour and groats).
- 7. Honey.
- 8. Frozen or chilled salmon and sea trout.
- 9. Butter.

Leaflets setting out all details have been printed and distributed to each tradesman selling the above articles, copies have been given to the Secretaries of the Chamber of Trade and The Grocers' Association.

The shopkeepers are making a fair attempt to comply with these Orders and only evidence of forgetfulness rather than design is present in the few omissions noted.

Experience in the carrying out of these Orders teaches that the buying public are quite unconcerned as to the origin of any foodstuffs and in many large towns and areas no attempt whatever is made to comply.

Rats and Mice (Destruction) Act, 1919.

The total number of rats killed by the Rat Catcher during the year was 1,332 but these figures do not include the rats that were poisoned.

The following are the principal places at which the rats have been destroyed:—

** *					
Neasham Road Ti	р		••••		232
Snipe Tip	••••	****	••••	••••	752
North Road Tip	• • • •	••••	* * * *	* * * *	235
Sundry Premises	••••	* * * *	••••	••••	113
				_	

1,332

Five Informal Notices were served and complied with.

Infectious Diseases.—The following are particulars of the fumigation of houses and other buildings, and the disinfection of bedding, clothing, etc.

		Fui		Lots of	
	Hos- pitals	Houses	Schools and other Buildings	Rooms	Bedding and Clothing Disinfected
Infectious Disease other than		7 ~~		7.46	1*0
Tubereulosis, Cancer, etc Tubereulosis		$\begin{array}{c} 157 \\ 61 \end{array}$		$\frac{163}{79}$	$\begin{array}{c} 158 \\ 22 \end{array}$
Caneer	_	5		6	7
Measles, etc		16		27	16
Totals		239		275	203

Common Lodging-Houses.—There are 3 Common Lodging-houses on the Register with accommodation for 360 lodgers.

The lodging-houses are regularly and frequently inspected, and are kept in a satisfactory condition.

I trust this report will be entirely satisfactory to you, and in eonclusion I wish to tender my sineere thanks to yourself for the help you have always so willingly given and to the whole of the staff of this Department, who have at all times given their best services willingly and conscientiously.

I am,

Yours respectfully,

ALBERT EDW. WADE,

Senior Sanitary Inspector.

STATISTICAL TABLES.

BIRTH-RATES, DEATH-RATES and ANALYSIS of MORTALITY during the Year 1932.

Registrar-General's figures. (Non-Civilians included)

	Defitited Sauses that I Death	6.0	9.0	1.0	12	5.63
PERCENTAGE OF TOTAL DEATHS	Certified by Coroner after P.M. after p.M.	1.8	6.0	1.3	3.1	0.12
PERCENTAGE OF TOTAL DEATHS	Inquest saseO	6.5	6.9	6.5 8	.96.3	4.90
	Vertified by Registered Medical Practiti [,] ners	91-1	91.3	91.6	96	89.35
RATE PER 1,000 LIVE BIRTHS	Total Deaths under One Year	δδ	7.0	61 67	85	29
RATE PER 1,000 LIVE BI	Diarrhœa and Enteritis (under 2 years)	9.9	9.8	5.3 12.5	2.98	1.77
	Violence	0.24	0 54	0.53	0.41*	0.49
rion.	вапэпнаг	0.33	85.0	0.31 0.28	0.52	0.52
OPULA	Birbathqid	90.0	10.0	0.04	0.03	00.0
ITE PER 1,000 POPULATION	Whooping Congh	10.0	80.0	0.08	0.13	0.03
PER 1	Scarlet Fever	0.01	0.01	0.01	0.05	00.6
I-RATE	aslaseM	80.0	0.13	0.07	90.0	20.0
DEAT	Smallpox	00.0	0.00	0.00	0.00	1
ANNUAL DEATH-RA	Typhoid & Paratyphoid Fever	0.01	0.00	0.00	0.01	0.00
	All Causes	12.0	13.9	11.4	11.9	11.2
RATE per 1000 Total	Births Still Births	15.3 0.66	15.4 0.64	i. 15·2 0·68 14·3 0·46	19.4 0.96	15.6 0.77
Per To	Live F. P.	15.3		15.2	19.4	15.6
		•	Cowns	Smaller Towns (EstimatedResident Populations 25,000—50,000 at Census 1931)	:	:
		•	reat 7	matec,000—	:	:
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		Wale	County Boroughs including London	Cowns (lation 1931)	ıty	:
		l and	nty Be	Smaller Town dent Populatio at Census 1931) ndon	Cour	GTO
		England and Wales	118 County Boroughs & Great Towns including London	126 Smaller Towns (EstimatedResident Populations 25,000—50,000 at Census 1931)	Durham County	DARLINGTON

*Excluding Suicide.

COMPARATIVE FIGURES FROM REGISTRAR GENERAL'S REPORT FOR NEIGHBOURING TOWNS, 1932 Live Births. under 1 year. Death-rate 200 95 70 16 99 13 89 76 0.7 per 1,000 Infants (under 2 years). 6.0 12.6 9.01 8.6 J.S S:+ 13.4 $\tilde{5}.1$:: :: and Enteritis Diarrhoea 0.45 0.260.37 0.35 0.230.220.24 0.24 Influenza. Death-rate per 1,000 living. 0.03 0.000.04 0.03 0.05 0.05 .sirəhthqiQ 0.19 0.17 0.16 0.11 0.03 0.03 Cough. ${f gniqood W}$ 0.03 90.0 0.03 0.03 0.01 Scarlet Fever. 0.11 0.03 0.18 0.07 0.07 0.05 0.07 Measles. Still-Births). 9.<u>5.</u>[:: :: 13.7 13.4 13.4 11.5 11.2 12.4 2 (gaibulox9) Rate per Living. 1,000 Deaths 20.3 20.3 19.0 19.3 18.7 15.6 00 ा 17.1 Live Births. <u>:</u> 6 I year of age. 101 126 380 152 375 10 223 145 98 Infants under Deaths of Still-Births). 245 2,576 815 3,549 1,804 861 1,527 1,639 753 (excluding Deaths 125 159 95 215 1: 78 56 33 5 Still-Births. 3.982 2,841 70,150 11,415 2,365 4.882 1,225 72,820 | 1,133Live-Births. 67,460 140,000 88,200 122,500 285,10065,630114,000 Mid. 1932. Population Estimated Resident : : : : : : Newcastle-on-Tyne C.B. Stockton-on-Tees M.B. West Hartlepool C.B. DARLINGTON C.B. Middlesbrough C.B. Sunderland C.B. ... South Shields C.B. TOWNS. Tynemouth C.B. Gateshead C.B.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN DARLINGTON, 1932, (Figures supplied by the Registrar General).

	;	Darlington Deaths in other	Institut- ions	:	:	•	• •	:	•	: :	:	:	:	:	:	:	: E	- 1	ာ	:	:	: (51	:	77	:	:	:-	-	61	
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	CAUSES	causes	Uncertified	T		Measies	Scarlet Fever		Whoopin	Diphtheria	3	Influenza		Encephal	,	Cerebro-S		Tuberculosis of	Other Tubera		Syphilis			Insane,	Cancer, M	,	Diabetes	7	Cerebral	Heart Disease	
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INFANT MORTALITY.

1932. NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

CAUSES OF DEATH	Under ! Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 weeks	4 Weeks—3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under I Year
All causes (Certified Uncertified	26 4	6		3	38 4	12 3	7	$\frac{5}{2}$	4	66 10
Chickenpox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Erysipelas Influenza Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculous Diseases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Pneumonia (all forms) Diarrhoea Enteritis Gastritis Gastro-enteritis Syphilis Rickets Suffocation, overlying Injury at birth Atelectasis Congenital Malformations Premature Birth Atrophy, Debility and Marasmus Other causes	 				4 4 1 10 14 5					1 1 1 2 7 11 2 1 4 1 12 15 12 3
Totals	30	6	3	3	42	15	8	7	4	76

Net Live Births in the year—Legitimate, 1,070; illegitimate, 63.

Net Deaths in the year—Legitimate Infants, 66; males, 37; females, 29. Illegitimate Infants, 10: males, 6; females, 4.

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	essaO IstoT befitoM	:	115	46	_	6	9	08 (10	20	•	325	•	492	•	181	41
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	3—	:	6	ŭ	:	:	:	3 (1)	:	:	:	30	:	41	:	36 (1)	:
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NOTIFIABLE		•	ũ	67	:	:	•	3 (3)	:	:	•	31 (3)	:	20	:	30	:
Z	Under	•	•	•	•	•	•	7 (5)	10	:	•	25 (1)	:	18	:	30 (1)	•
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	DISEASE.	Small-pox	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Puerperal Pyrexia.	Pneumonia	Ophthalmia Neonatorum	Erysipelas	Encephalitis Lethargica	Measles and German Measles	Malaria	Chicken-pox	Acute Anterior Poliomyelitis	Whooping Cough .	Cerebro Spinal Fever
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INFECTIOUS DISEASES.

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Whooping Cough	88 4 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	181	158
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Measles and German Measles	107 93 55 55 6 6 2 2 1 1 1 2 1 2 1 2 2 1 2 2 1 2 1 2	325	484
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Erysipelas	_ : _ w : : w w w w − 4	20	52
Puerperal Pyrexia	21 - 1 : 1 : 1 : 2 :	9	14
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Other forms of Tuberculosis		46	50
Pulmonary Tuberculosis	11 18 18 19 10 10 11	611	105
Enteric Fever	:::-:::::::::	-	4
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Scarlet Fever	111 13 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	115	219
Smallpox			
Cerebro Spinal Fever	:-:::	4	1
		:	:
	* : : : : : : : : : : : : : : : : : : :	:	:
		932	931
	January February Mar.h April May June July August September October November	Totals for 1932	Totals for 1931

CANCER DEATHS—PARTS OF BODY AFFECTED.

PARTS AFFEC	TED			der 5 F	35- M	45 F	45 M		55- M				7 & o M			tal F
Mouth and Throat	* * *	• • •	•••	• • •	• • •	• • •	• • •	• • •	1	• • •	2			• • •	3	• • •
Gastro Intestinal	•••	• • •	• • •	1	1	• • •	3	3	15	8	9	7	3	1	31	20
Genito Urinary	• • •	• • •	•••	•••		2		3		2	1	1	1		2	8
Breast	• • •	• • •	•••	1	• • •	1	•••	1	•••	2	• • •		•••	1	•••	6
Bones	•••	• • •	•••	• • •	• • •		•••	• • •		• • •	• • • •	1	•••	• • •	• • •	1
Glands	•••	• • •	1	• • •		• • •	• • •	• • •	• • •	• • •	1	2			2	2
Thorax	•••	• • •	• • •	• • •	•••	1	1	• • •		• • •	• • •	• • •	• • •	• • •	1	1
Skin	• • •	•••	•••	• • •		• • •	• • •	• • • •	1		1	• • •		• • •	2	•••
		, N														
	Totals	•••	1	2	1	4	4	7	17	12	14	11	4	2	41	38

INFECTIOUS DISEASES IN WARDS.

Disease	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	North-East	Eastbourne	West	South	Total
Smallpox Scarlet Fever Diphtheria Enteric Fever Pulmonary Tuberculosis Other forms of Tuberculosis Puerperal Fever Puerperal Pyrexia Erysipelas Ophthalmia Neonatorum Acute Anterior Poliomyelitis Acute Encephalitis Lethargica Acute Pneumonia Malaria Chicken-pox Measles and German Measles Whooping Cough Cerebro Spinal Fever	- 13 3 - 8 6 2 - 2 - 2 - 2 - 2 - 13 17 	$ \begin{array}{c c} - & \\ 14 \\ 11 \\ - & \\ 26 \\ 4 \\ 1 \\ - & \\ 18 \\ - & \\ 123 \\ 42 \\ 27 \\ - & \\ - & \\ \end{array} $	$ \begin{array}{c c} $	$ \begin{array}{c} $	$ \begin{array}{c} -9 \\ 4 \\ -8 \\ 5 \\ 1 \\ 2 \\ 3 \\ 1 \\ -4 \\ 7 \\ 10 \\ -4 \end{array} $	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c} $	$ \begin{array}{c c} \hline 16 \\ 8 \\ \hline 16 \\ 7 \\ \hline 1 \\ \hline 2 \\ \hline - \\ \hline 10 \\ \hline 57 \\ 72 \\ \hline 23 \\ \hline - \\ \end{array} $	$ \begin{array}{c c} - & & \\ 11 & 2 \\ - & & \\ 6 & 3 \\ - & & \\ - & & \\ \hline 1 & - & \\ - & & \\ \hline 21 & 47 & \\ 8 & - & \\ \hline - & & \\ 8 & - & \\ \hline $	5 5 8 5 - 1 - 2 - 17 38 5 -	
Total .	 92	270	120	170	88	200	103	212	108	86	1449

Incidence of NOTIFIABLE DISEASES, DEATHS and ADMISSIONS TO ISOLATION HOSPITAL during the past eight years.

1		Admitted to Hospital.	:	101	43	1	ě		11	:	:	:	Н	73	:		4	:	:
١	1932	Deaths.	:	:	:	:	7	:	46	:	:	:	:	10	:	:	П	:	ं
1		Notifications.	:	115	46	П	G	9	80	:	:	:	30	325	492	10	4	:	181
ľ		Admitted to Hospital.	:	203	65	ಣ	ဗ	:	16	:	:	:	į~	11	:	:		:	රේඛ
	1931	Desths.	:	7-1	ಣ	:	7	:	70	:	:	C3	:	731	:	:	:	:	œ
		Notifications.	:	219	65	41	11	14	172	:	:	द्य	52	484	517	œ	П	:	158
ľ		Admitted to Hospital.	:	131	154	က	:	I	10	:	:	:	7	œ	:	:	:	:	:
	1930	Deaths.	:	1	10	:	ಣ	:	56	:	:	1	:	25	:	:	:	:	:
		Notifications.	:	135	158	್	_ co	16	138	:	:	1	31	1,274	382	7	:	:	44
ľ		Admitted to Hospital.	:	153	134	9	:	4	24	:	;	-	χô	Ġ1	:	:	:	:	:
	1929	Deaths.	:	:	000	63	Н	63	109	:	:	63	1	4	:	:	:	:	11
	!	Notifications.	:	158	138	9	П	15	195	:	:	I	27	1,109	279	12	:	:	146
ŀ		Admitted to Hospital.	855	316	152	ಣ	Ç3	¢1	15	:	:	:	 1	=	:	:	:	:	:
	1928	Deaths.	-	-	11	П	ಣ	:	52	:	:	:	ಣ	61	:	:	:	:	7
۱		Notifications.	855	326	157	71	71	9	140	:	:	П	36	161	651	15	:	:	88
-		Admitted to Hospital.	120	178	38	20	:	લ	49	:	:	70	1	10	:	:	:	:	:
	1927	Deaths.	:	:	ಭ	П	П	ī	73	:	:		-	17	:	:	:	:	7
	1	Notifications.	120	186	40	25	¢3	4	225	П	:	[~	22	2,068	439	10	:	ಣ	73
-		Admitted to Hospital.	17	117	32	17	:	:	18	:	:	:	ÇA	:	I	:	:	:	:
	1926	Deaths.	:	:	:	Н	63	:	20	:	:	, O	Н	:	Н	:	:	:	:
		Notifications.	17	123	32	18	70	9	145		:	10	28	09	402	2	:	П	:
-		Admitted to Hospital.	:	150	38	7	:	:	29	:	:	41	જો	ಣ	:	:	:	:	:
	1925	Deaths.	:	:	ಣ	:	9	:	101	:	:	9	П	14	:	:	:	:	:
	1	Notifications.	:	154	60 60	,c	[-	:	217	:	:	(~	42	1,202	309	4	:	:	:
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			Todl	Scarlet Fever	Diphtheria	ric (ir	peral	rperal	moni	ria	atery	ohalit	pelas	es an	enpor	almi	ro-Sp	Ant	oping
			Smallpox	Scarl	Diph	Enteric (including Paratyphoid)	Puer	†Puerperal Pyrexia	Pneumonia (all forms)	Malaria	Dysentery	Encephalitis	Erysipelas	Measles and	Chickenpox	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Anterior Poliomyelitis	*Whooping
1								*	,	,		, ,	, ,	7 1				4	N/C

* Cases of Whooping Cough in Children under 5 years of age became notifiable on 1st February, 1927.

TUBERCULOSIS.

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AL.	Children.	M.	රා	16	žë	47			63	83	as and in pr	all ce		s to	ed		
TOTAL.	lts.	4	29	155	6	182	િ	S1	40	124	er are ad 3	Jead	omici 	Officers	amin	:	Dispensary
	Adults.	M.	32	55	9	10		+	32	159	m othe ler He	ır as 1	ler D 1932		te., en		on Di
ary.	Iren.	F.	9					-	-	50	Number of eases transferred from other areas and eases returned after discharge under Head 3 in previous vears	Cases written off during the year as Dead (all causes)	mber of insured Persons under Domiciliary ment on the 31st December, 1932	mber of visits by Tuberculosis (including personal consultations)	r of :———————————————————————————————————		cases on
Non-Pulmonary.	Children	M.	[-		+				1	62	sferre charg	ing th	Person	y Tul ul con	sputi inatio	ork	s" 193
ud-uc	Adults.	- E	∞		-		7	21	1	27	s tran r dis	ff dur	red 1 31st	its by ersonal	ns of	Dispensary work	nber 31st
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	Ac	F	30		9			!		129	419	50	13	39	26		-
	DIAGNOSIS.		—New Cases examined during the year (excluding contacts): (a) Definitely tuberculous	*(b) Diagnosis not completed (c) Non-tuberculous	—Contacts examined during the year:———Contacts examined during the year:————————————————————————————————————	Diagnosis not completed Non-tuberculons	-Cases written off the Dispensary Register as:-	(b) Non-tuberculous (including any such cases previously	tuberculous)	—Number of Cases on Dispensary Register on December 31st (a) Definitely tuberculous (b) Diagnosis not completed	Number of cases on Dispensary Register on January 1st, 1932	Number of cases transferred to other ares, cases not desiring further assistance under the scheme, and eases "lost sight of"	Number of attendances at the Dispensary (including 2.313 Contacts)	7. Number of eonsultations with medical practitioners:— (a) Personal	ts by		Number of "Recovered" cases restored to Dispensary

* i.e., remaining undiagnosed on 31st Dec., 1932.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1932, TAKEN DAILY AT THE SOUTH PARK, DARLINGTON.

eysb to re nist doi sedoni l stom	ол wb [0· [[ө]	15	13	17	24	83	စ	22	11	18	24	20	20		213	17.7
te of IlsH tas		10	6	21	25	21	27	31	21	13	21	30	13		•	:
ateat Il in any a. Depth nches)	Rainfa 24 hour	69.0	0.26	0.40	0.15	1.18	0.53	1:51	0.93	0.72	0.51	0.26	0.14		•	:
llainiaA (sedon		1.90	0.81	1.72	1.07	3.68	1.12	5.10.	2.56	2.30	3.13	0.92	1.11		25.42	2.12
Temperature Registered (Degrees Fahr.)	Lowest	30	20	24	26	28	36	45	35	28	27	24	27		:	:
Tempo Regi (Degree	Highest			58											•	:
Barometer Reading (Inohes)	Lowest	known	29.4	29.1	28.8	29.5	29.4	29.4	29.1	29.5	28.8	29.1	29.1		•	:
Baro Ree (Inc	Highest	Not	30.8			$30 \cdot 1$									•	:
Month		January	February	March	April	May	June	July	August	September	October	November	December		Totals	Averages

The average rainfall for the past 5 years is 27.38 inches.

T. J. MORRISON, Superintendent of Parks.

4th January, 1933.

County Borough of Darlington.



ANNUAL REPORT

OF THE

School Medical Officer,

G. A. DAWSON, M.D., D.P.H.,

FOR THE

Year ending 31st December, 1932.

DARLINGTON:

THE SKERNE PRINTING Co. (1927) LTD, GARDEN STREET.

COUNTY BOROUGH OF DARLINGTON.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present my seventh annual report on the school medical service.

The schedule of work during the year has been carried out according to programme and a new record of cases handled in the schools and clinics has been set up. Each year closer co-ordination of all our health departments takes place and is simplified by the centralization of the control under the Medical Officer of Health. Mainly owing to this, the cost of these services in Darlington is among the lowest in the country, and the clinical work is rendered much more efficient, varied, and interesting. A further step in this important matter of centralization in these days of economy and rationalization is the recent purchase of the Greenbank Hospital, so that after this year our health organization including administration, food and sanitary inspection, maternity and child welfare, tuberculosis and venereal diseases schemes, mental deficiency and other work will be housed with our school medical services under one roof in the most central site of the town.

Special attention has been given to the subject of malnutrition and the feeding of children in elementary and special schools. Extensive propaganda through "Better Health" and the head teachers has been continuously sent out from me to impress the importance and urgency of correct and economic dietary. With our very complete clinic and special school system, one is sometimes perplexed by the unwillingness of parents to allow their children to partake of the facilities provided.

I wish to take this opportunity of publicly expressing my gratitude to the Chairman and Members of the Committee, to Mr. Whalley, Education Officer and his staff, to the teachers for their whole-hearted co-operation, and to the medical, nursing and clerical staff who have so conscientiously carried out the routine work.

I have the honour to be,

Your obedient Servant,

GEORGE A, DAWSON,

MEMBERS OF THE EDUCATION COMMITTEE.

ALDERMAN C. H. LEACH, Barrister-at-Law, M.B.E., M.A. (Chairman).

ALD. A. J. BEST, J.P.

ALD. THOS. CROOKS, J.P.

Coun. J. BANKS.

COUN. H. P. BELL, J.P.

Coun. W. G. CHANDLER,

M.B.E., J.P.

COUN. M. GALLAGHER.

Coun J. D. HINKS, J.P.

Mrs. PRIOR, Miss S. WALKER, Coun. W. HESLOP, J.P.

COUN. J. CLAYTON.

Coun. S. HARDWICK, J.P.

COUN. B. JACKSON.

Coun. R. LUCK.

Coun. H. MAW, J.P.

COUN. J. WATERS.

Coun. A. J. WILSON.

Additional Members.

STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer—G. A. DAWSON, M.D., D.P.H.

Assistant School Medical Officers—
ISOBEL C. BROWN, M.B., Ch.B., D.P.H.
ANDREW McFARLANE, M.D., M.R.C.P., D.P.H.
(part-time).

Ophthalmic Surgeon— A. T. PATERSON, M.D., F.R.C.S.Ed., D.P.H. (part time)

School Dental Officer—
J. L. LIDDELL, L.D.S.

Nurses—

AGNES GARDNER (Senior Nurse). CATHERINE GARDNER. GLADYS M. WHITTAKER.

Clerks—

DORIS M. BURRELL (Senior Clerk).
LINDA FORSTER (Resigned 30th June, 1932).
LILIAS PHILLIPS.
CICELY BEWICK.
DORIS ASHTON (commenced duties 1st September, 1932).

ELEMENTARY SCHOOLS, 1932.

No. of Children Examined at Routine Medical Inspection.

	Ente	LANTS	INTERM	EDIATES	LEA	VERS	То	TAL	No. on the
	No. ex- amined	Parents present	No. examined	Parents present	No. examined	Parents present	No. examined	Parents present	Books Dec. 1932
Albert Road	_			_	128	24	128	24	390
Beaumont Street	30	24	34	23	165	70	229	117	763
Bondgate	25	24	63	40			88	64	400
Borough Road	61	47	60	37	_	_	121	84	476
Corporation Road	96	89	111	77	98	46	305	212	990
Dodmire	109	94	78	55		_	187	149	922
Gurney Pease		11	35	28		_	48	39	271
Harrowgate Hill	83	58	90	68	-	_	173	126	627
Kendrew St. C		_		_	102	8	102	8	closed
Reid Street		61	93	71	113	18	275	150	960
Rise Carr		57	69	40	_	_	148	97	505
North Road		50	71	45	78	25	210	120	871
Alderman Leach		22	48	32			78	54	342
Cockerton	1	14	22	15	46	14	85	43	318
Holy Trinity	1	28	29	21	23	4	83	53	290
Arthur Pease		37	32	25	_	_	73	62	194
St. Augustine's	-	32	59	25	137	3	246	60	818
Holy Family		12	23	10			38	22	156
St. John's		44	43	30	83	27	180	101	630
St. William's		8	45	29	_		60	37	336
Haughton	14	14	26	19	34	14	74.	47	275
	893	726	1,031	690	1,007	253	2,931	1,669	10,534

Average Attendance throughout the Year:—

January	February	Mar	ch A	April	Ma	ay	June	July
*88.9%	*88.3%	*90.0	9%	2.8%	92.5	2%	92.2%	91.7%
	Septe. 92.7		October 92.7%	Nove 91.3		Decem		

^{*} Influenza and Measles prevalent.

INTRODUCTION.

NOURISHMENT OF THE SCHOOL CHILD.

During 1932 special attention was given to this subject by the Staff, as there was a danger that in the general depression the lower financial condition of the greater proportion of our families in Darlington would be reflected in the physical deterioration of the children due to poor feeding. Comparisons of physical conditions of the present school children with those of past years show that, at any rate, on an average our present day children are stouter and taller age for age.

The deaths of children in the age group from 2 to 15 years show that since 1895 the deaths have fallen from 2.5 per thousand population to 0.5 per thousand at the present time. These death rates are a true indication of the comparative sickness and nutritional conditions holding, and the contrast cannot readily be refuted. The actual figures are—100 children died 30 years ago every year between the ages of 2 and 15 years when the population was 40,000, i.e., 2.5 per 1,000. Last year with a population of 72,000 the deaths in the same age group numbered 36 or .5 per 1,000. The circumstances which produced these deaths also played their part in the children who were fortunate to survive, and there is no doubt that defective nutrition took its heavy toll in the past not only in immediate victims but in defectives later on.

The marked improvement in nutrition since 1913 is well shown in the following comparative table of similar age groups:—

Average	\mathbf{H}	eight in	n Inche	es.			Weight	in lbs	•
Age.	1913	1914	1931	$19\bar{3}2$		1913	1914	1931	1932
$4\frac{1}{2}$ years	39.0	39.7	40.6	40.7		36.3	36.5	38.9	39.0
$5\frac{1}{2}$ years	40.0	41.3	42.4	42.3		38.8	39.3	41.4	41.5
$8\frac{1}{2}$ years	46.6	46.8	48.4	48.1		49.9	50.0	54.1	53.9
$12\frac{1}{2}$ years	54.9	55.7	56.1	56.3		72.5	71.0	77.9	78.3
$13\frac{1}{2}$ years	55.6	57.1	57.0	57.9	• • • •	76.2	77.2	81.0	83.1

During the past eighteen years, the average height and weight has increased consistently in all age groups so that the four year old child to-day is taller and heavier than the five year old child of 1913. Similarly the twelve year old boy and girl are both better physical specimens to-day than the boy and girl of thirteen years of age pre-war—a striking tribute to the results of health education and medical services. In spite of these higher average figures, there are malnourished children amounting to approximately 2.5% of our average attendance at the present time as shown in our detailed survey. One must admit that the adequate feeding of a growing school child cannot be carried out with any measure of ultimate safeguarding of the health on the meagre national allowance of two shillings per head over a prolonged period such as we have experienced. The bodily

reserve may be sufficient to tide over the situation for a matter of three months or so, but the continued under nourishment lacking the essential and comparatively expensive proteins, fats and vitamins reacts ultimately in lowered resistance to fatigue and infection and onset of permanent defects. In our poorest area, Rise Carr, this deficiency is most marked owing to low family incomes, and should the numbers increase beyond the capacity of our open-air school during the coming winter, school feeding may be essential.

Malnutrition may be due to one or all of four causes:—

- (a) Constitutional diseasc.
- (b) Inadequate rest, sleep, or fresh air.
- (c) Improper or unsuitable food.
- (d) Aetual lack of food.

The factors, therefore, that produce the lowering of physique and general health among school children are various and complex. In Darlington, I am of the opinion, that the greater proportion of the malnutrition falls within the definition of the first three forms, and, speaking generally, is commoner among the eugenically inferior population who are less efficient, less prudent, ess self-reliant, and less fore-seeing than their neighbours. Visits and advice on home truths by the School Nurse or Health Visitor are probably of more ultimate value in these cases than free meals. But whatever the cause of malnutrition and physical deterioration, whether due to low wages, unemployment, or parental inefficiency, there can be no doubt of the importance of the arrangements made for the provision of milk and cod liver oil emulsion and meals at our elementary schools, and open air and special schools, in safeguarding our growing population, our future citizens against deterioration, and particularly in training them at this time in economic and healthy dietary.

The provision of milk in the schools at cost price of one penny per onethird pint bottle, as instituted in 1930, did not evidently appeal to the parents of the ehildren who most required it, and the numbers fell from over 4,000 down to approximately 1,100 per day. Unfortunately the most deserving cases of malnutrition did not have it regularly, if indeed at all. Following this, the Committee decided at the latter part of 1931 to provide this milk free in necessitous eases eertified suffering from malnutrition. of children who were eertified and received free milk was 279 in December, 1932. making a total of 329 for the year. The ehildren were selected on a medical basis, but the financial conditions of the family were ascertained, in aeeordanee with the wishes of the Committee, before the grant was made. As with all defeets in children we relied on the Head Teachers to call the attention of the Sehool Medical Officer to any child suffering from any indication of being below par due to poor feeding, as well as following up suspeets reported from other sources, so that there was little chance of missing deserving cases.

The extent of malnutrition as found by these means is shown in the appended tables. Briefly, out of almost 10,000 inspections, 162 ehildren were found suffering from malnutrition, but requiring treatment for actual physical conditions under-lying, while 124 were suffering from deficient, or more commonly, defective dietary. These are the cases which have been referred

for milk, free or at cost price of 1d. in the Elementary Schools. Many of them have, however, been transferred to Salter's Lane Open Air School, where full meals are provided free or at cost price of fourpence per day, according to financial circumstances. At the latter school out of 128 children who are being fed, 75 are at the end of the year in receipt of free meals.

Our knowledge of the value of milk as a supplementary article of diet has been supplemented by recent investigations carried out throughout the school medical service. The conclusion has been arrived at that the addition of milk to the diet of children has a striking effect in improving physique and increasing mental alertness. Milk also enables the other constituents of ordinary diet to be fully utilized. Milk is an ideal food and is not sufficiently appreciated in the nourishment of our growing children. It might well form an interesting subject for teachers to emphasize when dealing with the question of appropriate and suitable dietary in school, as suggested in the Teachers' Handbook of Suggestions for Health Education.

I am satisfied that all necessitous cases of malnutrition brought to the notice of the Staff have received every attention in the provision of milk and eod liver oil emulsion free or at cost price in the Elementary Schools, and the provision of mid-day meals free or at cost price in the Special Schools. It is a matter for regret that there is often the greatest difficulty in persuading the most deserving cases of malnutrition to take advantage of the ample facilities we have offered at the Open Air School. There is no doubt that many children would benefit greatly from the provision of meals in school, and the working of the scheme would give a very practical bias to the instruction of the older girls, and afford useful points of contact with other branches of the school work, domestic science, gardening, and applied arithmetic. The tasteful serving and conduct of the meals would also give opportunities for training in social matters and hygiene, so that the homes would be immediately brought into closer relationship with the school life of the children—the aim of our present day practical scheme of education.

MEDICAL INSPECTION.

Routine medical inspections were carried out as in former years in all the Elementary Schools. The total examined of the 5, 8 and 12 year-old groups was 2,931, while other routine inspections of odd-age groups and missed eases from last year numbered 290. Cases with special defects to which the attention of the doctors was called totalled 5,560, while 7,142 re-inspections were made to ascertain progress. Figures for the Secondary, Special, and Nursery children are not included in the above, but are reported later.

Table II. of the Appendix sets out in detail every defect, either arising or persisting in the children. It will be understood that a child may show several defects, so Table II.B. is drawn up to show the number of individual children requiring treatment. The percentage requiring treatment fell from 20% to 17%, though the personal factor of the doctor and the growing higher standards of physical efficiency render comparisons with previous years liable to mis-conclusions. Defects which would have been passed over as trivial twenty years ago are now included in such figures.

Uncleanliness.—Nurses paid 248 surprise visits to 21 schools, and 648 home visits, making 17,065 inspections, revealing vermin in 2 cases and nits in 652. At the end of the year there were no cases with vermin, but 203 with nits. It might appear a matter of regret that uncleanliness is still a feature requiring much attention on the part of doctors and nurses, but as with the other defects, the general standard has been very much raised. For instance, the presence of three visible nits is sufficient to have a child's name included for this periodic attention. Certain families are, needless to say, notorious in this respect.

Skin Diseases.—Ringworm (scalp 30, body 42) and Impetigo (627 cases) still continue to head the list and account for prolonged and frequent absences from school. The loss of school attendance for these two diseases exceeded 3,203 days. The incidence is fairly constant throughout the year. Scabies or "itch" was found in 76 cases, not an unusual proportion.

Ear Diseases.—Middle car disease—purulent discharge is the common defect found, and it accounted for 36 routine and 139 special cases. Defective hearing of severe degree is now rare, due to the earlier and more efficient treatment of diseases of the nose and throat.

Tonsils and Adenoids.—Approximately 4.6% of children at routine inspection were found to require operation, and 16.6% observation to ascertain progress of defeet. Better eo-ordinated arrangements have been made during the year in hastening treatment and obtaining parental consent before reference to Hospital. Operative treatment was performed in 295 cases, 294 under our co-ordination scheme and 1 through private arrangements. The 382 cases who received other forms of treatment, include instances where parental consent would not be given to operation.

Diseases of the Lungs.—Approximately one child in eight is found to suffer from some degree of bronchitis, but only .5% required treatment. The others are kept under skilled observation and re-examination so that the onset of tuberculosis can be readily detected. Thirteen cases of definite pulmonary tuberculosis were reported in special inspections. Nine cases were given the preference in admission to the open-air schools as they were not openly infectious.

Non-Pulmonary Tuberculosis.—A detailed inquiry was made during the year so that we might have a complete register of past and present cases. Thirty-nine cases (glands, spine, bone, skin and other forms) were reported among our elementary school children, and thirty-three at the open air school.

Follow-up Work.—As a sequence to the medical, dental and cleanliness inspections, defects are followed up by the Nurses at the Clinic, in the School, or in the homes. Special home visits were paid in 1,729 instances.

Medical Examinations of Staff.—Examination and certification of 40 teachers, earetakers and others were completed, either on appointment or return to duty after illness.

Employment of School Children, &c.—Forty children were certified fit for employment while of school age, and 19 for institutions, maintenance grants and such purposes.

MEDICAL TREATMENT.

School Clinic.—The treatment of minor defects has been continued as in previous years at the School Clinic in Northgate, one of the doctors being in attendance every afternoon. The extent of the work may be judged from the fact that there were record figures of 17,599 consultations, 13,498 for treatment and 4,101 for advice.

Artificial Sunlight Treatment.—Ultra Violet Ray treatment is given at the School Clinic by a Jesionek Mercury Vapour Lamp. During the year 149 cases completed a course of treatment. 87 commenced treatment during the last quarter of the year and are still attending. 40 children commenced treatment but failed to complete the course.

A decidedly beneficial improvement in appetite, vitality, cheerfulness and general metabolism was noted in the majority of cases.

It will be seen from the Table given on the following page that most of the cases come under the heading of Bronehial Catarrh and Debility, and of Anæmia and Malnutrition.

Children who were treated for Malnutrition due to poor environmental conditions, viz.: overcrowding, lack of sunshine, fresh air and sufficient rest, did very well and all show an increase in weight and a brighter, more alert condition of the nervous system.

Under "other conditions" all cases of Blepharitis cleared up entirely after a short period; two cases of Alopecia showed growth of hair when the cases were discharged after 8 weeks treatment.

During the year children attended for prolonged periods with great regularity, some children returning for second courses of treatment. Some of the parents have accompanied the children with unfailing regularity and have given voluntary information that they consider the time well spent, as the benefits observed in the child's general condition are so marked. The children are also keenly interested in their treatments and look forward to the time spent in the Ultra-Violet Light Room.

	-			Signs or	improvem	Signs of improvement noted by M.O.	oy M.O.		Condition improved	improved	
DEFECT	Number of Children	Average Period of Treatment (weeks)	Average Number of Doses	Tempera- ment	Energy	Average Number increased weight (pounds)	Number jinereased in weight	Condition	Much	Slight	No Change
Anæmia	7	1-	 	 i	,	0.5		က	2	G1	
Debility & Bronchial Catarrh	55	∞	13	55	21	2.5	19	5	13	61	C1
Malnutrition and Anæmia	29	111	16	25	26	2.75	53	4	13	11	1
Rheumatism and Anæmia	7		17	10	10	3.25	11	, -	∞	5	
Malnutrition and Rickets	19	11	27	15	15	2.25	16	,—	10	7	,
Bronchial Catarrh	13	10	16		,—i	1.75	6	ಣ	9	ಣ	—
T.B. Pulmonary, Abdomen and Glands	15	- j -	18	133	+	2.75	12	ಣ	10	ÇI	
T.B. Bones and Joints	က	22	20	, -		3.0		-	, i		
Chorea	9	11	14	9	9 .	1.75	9		χ <u>ς</u>	, —,	
Otorrhæa	63	6	15	2	23	4.0	61	ଦୀ			
Skin	10	15	21	10	8	4.5	6	-	9	ଚା	-
Other Conditions	6		15	8	∞	2.75	1-	4	ಣ	,	-
Total	149	11	16	124	122	2.75	122	28	22	37	<u>}-</u>

RHEUMATISM.

Continuing past years' research there have been 174 children on the Register suffering from rheumatism varying in type from the mild sub-acute muscular form (boys 30, girls 50) to the severe cases of Chorea or St. Vitus' Dance (boys 25, girls 21) and Carditis (boys 19, girls 29). For the more severe of these special provision is made in that they are either excluded from school for lengthy periods, are certified for attendance at the Special School for Physically Defective Children or allowed to attend the ordinary Elementary Schools for half-days.

Mention has frequently been made of the difficulties arising in the treatment of cases of Chorea. These require rest, nourishment and fresh air—preferably a change of air altogether, and if more Institutional treatment were readily available, the majority of such cases attending the Clinic would have been recommended for it. Under the present economic conditions it appears almost impossible for the parents of some of these unfortunate children to offer all that is necessary to hasten their recovery. It appears that no Institutional treatment other than that obtainable at the Poor Law Hospital is available for these cases. Efforts have been made to get these children admitted to Convalescent Homes but admission to such is only available for children in that particular area. Some parents would be quite willing to pay a small fee weekly but despite many enquiries I have so far been unable to obtain admittance for any case. One child was admitted to the Poor Law Hospital in this town and made excellent progress.

Heart Defects.—144 children were found to be suffering from abnormalities of the heart, organic and functional. Of these, 18 were under seven years of age and 3 were of such a degree of severity as to necessitate a prolonged absence from school, while 38 were secondary school cases. All were kept under close observation and examined at each visit to the schools.

One child died during the year from Valvular Disease of the Heart. II were certified as unfit for school for a prolonged period—in most cases three months—as a history of an acute illness was given in all of them. Six cases are in attendance at the Open Air School and doing very well. The remainder are mild cases, showing no actual physical disability beyond an abnormality in the heart sounds and are considered fit for attendance at an ordinary school. They are examined at each visit to the school and special instructions are given to the Head Teacher from time to time regarding their fitness to join in school games and physical drill.

TREATMENT OF DEFECTIVE VISION.

Report by Mr. A. T. Paterson, F.R.C.S., School Oculist.

The attendance of children at the Clinic has been rather better this year than was the case in the previous year.

The majority of the external eye diseases seen and treated at the Clinic were Phlyctenular Keratitis and Conjunctivitis, and Mueo-Purulent Conjunctivitis, which latter is commonly known as "pink-eye". Faulty feeding plays some part in the first group—too much in the way of starchy food such as riee, potatoes and white bread finds its way into the child's diet, but as these are cheap foods perhaps the fault is more due to economic conditions than ignorance.

The provision of facilities for treatment by general Ultra-Violet Radiation (Artificial Sunlight) has been a great boon especially to the children suffering from strumous eye conditions, and to children who were not responding freely to the usual forms of treatment for minor eye diseases.

It is gratifying to notice that the number of children suffering from Squint appears to be gradually diminishing and this is certainly one of the triumphs of the School Medical Service. A better knowledge of the causes of and appropriate treatment for Squint has been disseminated among the parents, and they are seeking advice, whereas in bygone days they were content to believe that the child would grow out of the disability.

SCHOOL DENTAL SURGEON'S REPORT.

J. L. Liddell, L.D.S.

1,583 more children were inspected, and 330 more treated than in the previous year. The number of operations performed has advanced by 348. It is gratifying to see that the number of fillings is increasing, and it is hoped that this will continue from year to year.

It is only possible to visit each department once a year. However, several parents are bringing their children to the Clinic for examination every six months, and each year this number is increasing.

Many parents are taking more interest in dental treatment, and come for advice when they notice something going wrong with the children's teeth, instead of waiting for the next routine examination, which may not be for several months, or until toothache occurs.

A system of obtaining consent from the parents before appointments are made, following routine inspection, was inaugurated at the beginning of the year. It is not working absolutely satisfactorily yet. Many parents state on the form that they desire the work done privately, but later, when the child suffers from toothache, it is brought to the Clinic for treatment. If this system is to succeed, refusal of treatment should bar the child from the School Clinic until the next routine inspection.

Routine inspection and treatment were carried out for children attending Secondary and Special Schools as follows:—

Inspected	••••	••••	• • • •	615
Requiring Trea	atment			323
Treated	••••			151
This makes the gra	and totals			
Inspected	• • • •	• • • •	• • • •	8,981
Requiring Trea	atment		• • • •	5,366
Treated	• • • •	• • • •	••••	3,070

INFECTIOUS DISEASES AND DEATHS.

The year has been remarkably free from serious infectious disease in the schools, there being no necessity to give even the usual certificate when a school attendance falls to 60%. The notifications received were followed up by Health Visitors, Sanitary Inspectors and School Nurses, as the situation demanded. The diseases and deaths from all causes are given in the table herewith. It will be noted with satisfaction that there was not a single death from typhoid fever, searlet fever, whooping cough or diphtheria, once so rife among children of school age.

Disease			Cases.	Deaths.
Typhoid and Para-typl	oid		-	
Measles			1.00	7
German Measles \ \cdot \	• • • •	• • • •	162	.1
Pneumonia	* * * 6		21	1
Scarlet Fever	* * * *		77	
Whooping Cough	••••		28	
Diphtheria	• • • •		20	
Encephalitis Lethargica	ı	• • • •		paralle some
Cerebro-Spinal Fever		• • • •	3	1
Pulmonary Tuberculosi			10	2
Other Forms of Tuberc	ulosis		16	2
Other Diseases:—				
Cerebral Haemorrhage	* * * *	• • • •		1
Heart Disease		• • • •		4.
Bronehitis	• • • •	• • • •		1
Appendicitis	• • • •	• • • •		1
Violence	••••			2
Other Defined Diseases	••••	***.		5
Ill Defined Diseases	••••	****		1
	Total		337	22

EXCEPTIONAL CHILDREN.

Table III. in the Appendix sets out all children in the area suffering from Blindness, Deafness, Mental Deficiency, Epilepsy, Tuberculosis or

other incapacitation.

Certification is completed before any child is sent to the Open-Air or Special M.D. School, the total number at the former being, 77 boys and 57 girls, and at the latter 50 boys and 36 girls. Four boys and one girl were notified under the Mental Deficiency (Notification of Children) Regulations, 1928, to the Welfare of Afflicted Persons' Committee as Imbeciles (1), or feebleminded (4) requiring care and control.

Institutional Education.

Axwell Park Industrial School		10
Prudhoe Hall Colony (M.D.) School	• • • •	2
St. Joseph's Boys' Home, Manchester	• • • •	2
Royal Victoria School for Blind, Newcastle	••••	1
Starnthwaite Home for Epileptic Boys	• • • •	1
Stockton School (Day) for the Deaf		3
Catholic School for the Blind, Liverpool		1
Northumberland Village Homes, Whitley Bay	• • • •	1

CHILDREN WITH ORTHOPÆDIC DEFECTS.

Of the 84 children in Darlington suffering from crippling deformities of an orthopaedic character, 35 are due to infantile paralysis producing loss of function in either upper or lower limbs, 37 are congenital defects, e.g. club foot, while 12 are the results of injury at or following birth.

All have had surgical or other treatment or advice at some time so that the parents have taken early opportunities to right the fault if it was possible. Many show excellent results in restoration of function even though the appearance may still be somewhat abnormal. Others, however, have not been so successful, as parents may not have exercised their discretion in pursuing the treatment to the limit of its success, having failed to appreciate that practically all of the cases require continuous and frequent supervision from an orthopaedic specialist to prevent reversion or to adjust fitments outgrown.

Moreover, in the necessarily slow progress, many parents become weary in well doing, and cease attending before expert treatment has been completed, having been persuaded by certain busy bodies that there is a shorter and quicker road to miracles in the hands of unqualified and much advertised market place magicians. Ultimately these cases return in various conditions but certainly poorer, ready to accept the advice first given, and to take advantage of the co-operation with us of the Crippled Children's Association of the Charity Organization Society. This excellent local body interests itself in the general welfare of all our orthopaedic cases, by visiting and befriending, by providing extra nourishment, surgical appliances, and in defraying travelling and other expenses where further specialist advice or treatment is required at Institutions outside the town.

CO-OPERATION.

Parents.—As shown in the table at the beginning of the Report, one or other parent was present in 81% of entrant examinations and in 46% of older children. The presence of the parent enables the doctor to appreciate more quickly the environment of the home, and to indicate in detail the line of treatment and how best it may be obtained.

Teachers.—All the head teachers have taken a very lively interest in the medical state of their scholars, and have assisted the Medical Officers and Nurses in arranging inspections, in bringing forward special cases, in following up defects with the parents, and in organising the morning milk scheme which has been entirely dependent on their sympathetic and energetic support. The responsibility lies with them of ascertaining the numbers, distributing the bottles, collecting the empties and recovering the eash. In the matter of infectious disease the credit for such freedom as we enjoyed in the schools goes in a great measure to the teachers for their watchfulness over early cases and the contacts. Notifications are received daily at the Health Office of all suspected absentees.

Darlington Training College for Lady Teachers.—For the past nine years parties of the student teachers have attended the School Clinic three days a week, and the Special Schools at suitable times, in order to get a more intimate and practical knowledge of the School Medical Services, of common ailments and their treatment. Lectures at the Training College are also arranged in the Winter Term, through the energetic interest of the Principal, Miss S. Walker.

School Attendance Officers.—Lists of attendances at the Clinic and exclusions from school are daily forwarded to the School Attendance Officers so that they act mutually with the School Nurses. Information was also forwarded to them of the certification of 41 children for part-time employment while under 14 years of age.

Private Medical Certificates received by the Attendance Officers were referred to the School Clinic for record purposes. The School Nurses eoperate with the Attendance Officers in following up "over-dues" at the Clinic, and verminous cases. Special attention is given to see that children return to school immediately they are certified fit to do so.

Voluntary Bodies.—The General Hospital, the Cripples' Society, and the National Society for the Prevention of Cruelty to Children have given valuable help during the year in a number of cases.

Medical Practitioners.—The General Practitioner is a very necessary link in the School Medical Scheme, and cordial relations have always been a feature of our work in Darlington.

The Sehool Medical Officer is also Medical Officer of Health, so that transfer of records from the Maternity and Child Welfare Service to the School Medical Service and then on to the other branches is facilitated. Further, the Dental Surgeon and Assistant School Medical Officers take part in Nursery Schools, Maternity and Child Welfare and Venercal Disease Clinics, the General Hospital and the Fever Hospital.

REPORT ON PHYSICAL TRAINING.

Physical training in the schools of the Education Authority is carried out in accordance with the syllabus of the Board of Education and special pamphlets issued.

Organised games continue to be a regular feature of school work in all Senior and many Junior Departments. The playing fields available, apart from separate fields for the Grammar School, Girls' High School, Central Secondary School, North Road Senior Girls' Council School, Alderman Leach Council School, and Salters Lane Open Air School, are (1) Hollyhurst Road; (2) playing field adjoining Alderman Leach Council School; (3) Hundens playing field and (4) the public parks. A plot of land containing 2.325 acres adjoining the present field has been purchased for the extension of the Grammar School playing field, which will bring the total area of playing fields to 12.908 acres.

The land behind Freeman's Place, which has been used as a playground for children under 11 years of age, was closed during the year.

Co-operation is maintained with the Schools Athletic Association who arrange school leagues and competitions in football, ericket, netball, athletic sports and swimming.

Swimming instruction was continued at the Public Baths during the summer season, the same teaching staff being employed as formerly; viz., two men and two women part-time instructors assisted by the teachers who accompany the classes. The part-time instructors were employed for periods of from $5\frac{1}{2}$ to 6 hours per week each from May to September, except when the schools were closed for holidays.

The scholars attend in groups of 60 once a week and certificates are awarded to those who swim one or five lengths of the baths (33 1/3 or 166 2/3 yards). The arrangements enable 600 boys and 550 girls to be dealt with each week.

The average weekly attendance was :—

Boys	***	••••	440
Girls	• • • •		382

Test for quarter-mile and half-mile certificates for boys are carried out by the Darlington Amateur Swimming Club. The following is a summary of certificates issued:—

			Boys.		Girls.
One length	****	••••	243	• • • •	120
Five-lengths	• • • •		43	• • • •	27
Quarter-mile	••••	•••	63	••••	8
Half-mile	• • • •	* * * *	41	****	8
One mile	4 4 4 4	****	-		8

SANITARY CONDITION OF SCHOOLS.

Our schools are among the best in the country in modern design and open air planning, and one looks forward with proud anticipation to the improvement of ideals in our future citizens in such matters as open air house building following the training in our schools. After all, if open air schools are good for the delicate, how much more so for the comparatively healthy, especially seeing that the cost makes no more demand on the public purse than in the case of the old type of building.

In the few non-provided old fashioned buildings still in use, the head teachers have made the utmost efforts to introduce every measure suggested by the School Medical Officer as likely to improve the amenities by instituting strict cleanliness inspections, providing soap, towels, sanitary paper, and using every possible opportunity of ventilating the rooms, so that that once familiar stuffy schoolroom odour is seldom detected.

SPECIAL SCHOOLS.

OPEN-AIR SCHOOL (by Dr. A. McFarlane.)

During 1932, 200 children were in attendance at the Open Air School, of whom 66 were discharged fit to attend an ordinary elementary school.

The types of children might be classified as follows in the 134 on the books at the end of 1932:—

		Boys.		Girls.
1.	"Delicate" Children	55		37
2.	Pulmonary Tuberculosis)			
	(quiescent or arrested)	7		3
3.	Tuberculosis of Peripheral Glands	2		
4.	Abdominal Tuberculosis			
	(quiescent)	3	• • • •	3
5.	Tuberculosis of Bones and Joints	4.		8
6.	Tuberculosis of other organs			
	(e.g., skin)	3		3
7.	Crippled Children	2		1
8.	Children with Heart Disease	1	••••	$\overline{2}$
	Total	77	••••	57

From this table it will be seen that the "delicate child" is the predominant type at the school. This is the undernourished or malnourished child, anaemic, nervous and suffering from frequent attacks of bronchial catarrh. The remainder of the cases largely consists of the various forms of Tuberculosis in a quiescent or arrested state.

Excellent work is being done at the school. It is very exceptional for a child's health not to improve. After a short period of 3 months, there is definite improvement in the child's physical condition and mental outlook. As an indication of the improvement in the nutrition of the child the gain in height and weight is most valuable. During the year 119 children were kept under careful observation. Accurate records of height and weight were taken at least every three months. It was found that children between 7-11 years had an average gain of 2 ins. in height and 4.8 lbs. in weight over the 12 months. Children between 11-14 years gained 2.1 ins. in height and 6.4 lbs. in weight. The following table gives in more detail the gain for both sexes.

		Number of Children.	Average gain in Height.	Average gain in Weight.
Boys	7-11 years	37	$1.9^{ ''}$	5.3 lbs.
Girls	7-11 years	38	2.1"	4.3 lbs.
Boys	12-14 years	28	2.0 "	5.7 lbs.
Girls	12-14 years	16	2.1 "	7.5 lbs.

This gain in height and weight is most satisfactory, in fact the figures do not fall far short of those for normal children. More than 60% of the children were suffering from poor nutrition. There is no doubt that, if these children had been at an ordinary elementary school, the gain in height and weight would have been negligible.

What accounts for their marked improvement at the Open Air School? There are certain important factors (1) the school in the open with the change in surroundings and habits (2) spray baths and open air exercises and (3) the simple wholesome diet. Without minimising the importance of the first two the last mentioned is by far the most important. These children are receiving a mid-day meal of good calorific value rich in vitamins. It contains the proteins and fats which have been lacking in the diet of so many of these children. On investigating their diet at home it is found that it consists largely of carbo-hydrates and a small amount of fats. It is lacking almost entirely in the proteins, in particular the animal protein which is so necessary for the growing child.

When one considers that only 7 hours each day are spent at the school, the improvement is all the more remarkable as more than 50% of the children are returning to homes where the conditions are bad.

THE GAIN IN HEIGHT AND WEIGHT IN THE ELEMENTARY SCHOOL CHILD.

An investigation was carried out amongst 300 children attending the elementary schools, 200 were between 7-11 years and 100 between 11-14 years. They were taken from two types of school—the new type of school and the old type, situated in different areas of the town. The children were unselected, that is, they included both normal and subnormal children and were composed roughly of 50% boys and 50% girls.

The following Table gives the average annual increase in height and weight:—

New School Old School Old School 12-14	Number of Children, 100 100 109	Gain in Height. 2.0" 2.1" 2.1"	Gain in Weight. 5.2 lbs. 4.6 lbs. 7.4 lbs. Boys 6.1 Girls 8.8
--	---	--	---

Only the children between 12-14 years were taken from the old type of school as sufficient numbers were not available in the new type of school for comparison.

In this country the average annual increase in weight of a mixed population between the ages of 6-11 years has been estimated at figures ranging from 4.7 to 5.5 lbs. and the average yearly increase in height at 1.9 to 2 inches. From the above Table it will be seen that the gain in the Darlington child compares very favourably with the figures for the country as a whole.

In comparing the new type of school with the old, the children between 7-11 years attending the former have a much larger gain in weight although the gain in height is more or less equal. Do the better hygienic conditions existing in the new school account for this gain? To a certain extent this may be so, but the chief reason is that the old type of school is situated in areas where the social conditions are worst. As an example in the Rise Carr School the average gain in height was below 2 inches and the average gain in weight was only 3 lbs. in the 30 children examined. This was in keeping with the poorer standard of nutrition observed amongst these children. The poor results obtained in this school accounted for the lowering of the figures for the old type of school.

This test amongst 300 unselected children in the various schools is one of the best rough and ready methods to determine standards for comparison.

THE BARNARD STREET SCHOOL (by Dr. Isobel C. Brown.)

At the end of the year 86 children were in attendance at the Barnard Street Special School.

With the exclusion of the low grade case from this school and the certification of only the higher grade educable case it is being found that parents have eome to realise the true function of the school, viz. to provide education for the child who is unable by reason of mental incapacity, to benefit by the teaching provided in an ordinary elementary school. During this year there have been occasions when parents have actually come with the request to have a child examined with a view to his being admitted to the Barnard Street School.

The school curriculum is specially adapted to the mentality of the children, and the greater part of the time is given to tuition in those subjects which, it is calculated, will be most useful to them when they leave school and enter into competition with normal children. With this end in view the girls spend much of their time in the school kitchen helping to prepare, cook and serve the mid-day meal provided for the scholars. This work is done under the able tuition of Mrs. Murray, who also acts, along with her husband, as joint caretaker of the school.

Weekly lessons in simple cookery, laundry and housewifery are given by one of the Authority's Domestic Science Mistresses, and some of the girls are particularly good in this branch of work. As the school is provided with a fully-furnished bedroom and bathroom, they are well provided with facilities for practical work in housewifery.

Higher grade girls do needlework—both handsewing and machining, raffia work, rug-making, cutting-out and making simple garments. An exhibition of the various types of hand-work done by the pupils in this school is of a surprisingly high standard and compares very favourably with the work done in any ordinary Elementary School, as demonstrated in the recent Rotary Club Exhibition in Bondgate Hall.

The boys' curriculum is based on the same principle as that of the girls, namely, to keep in view the wage earning capacity of the boy and to provide him with a sound training towards this end.

Raffia work and rug-making are two other subjects taken jointly by both boys and girls. For the older boys there is definite vocational training in gardening, carpentry and cobbling by Miss Clegg, the Headmistress, by Mr. Murray, the caretaker, and also by an Instructor, who attends once weekly.

Along with this, practical general elementary education is given, and an effort is made to teach all pupils simple arithmetic and money values, and simple reading and writing.

Organised games, physical drill, curythmics and voice production are subjects much enjoyed by both boys and girls.

The whole atmosphere of the school is bright, the children are happy and interested, both in their work and in the general well-being of the school, and parents have expressed themselves as being grateful for all benefits offered to these children.

Six children left the school during the year—five boys and one girl. One boy has been in work as a kennel boy in Birmingham and good reports are obtained, a second is doing farm work, a third is a Guardians' Home child, a fourth has not yet obtained work and a fifth boy has left the town. The one girl is at present doing well in domestic work.

The establishment of an Old Boys' and Old Girls' Club, mainly through the local Mental Welfare Association and Toe H, with Miss Holmes as Secretary-Organiser, has done much to ensure the after-care of these children on attaining the school-leaving age of 16 years.

THE GEORGE DENT NURSERY SCHOOL (by Dr. Isobel C. Brown).

The George Dent Nursery School provides accommodation for 100 children. During the past year an average of 91% of the children were in regular attendance. There is a long waiting list of children.

The school was visited every week by the Assistant School Medical Officer and each child was subjected to a full routine examination.

79 children were admitted to the school during the year, 48 at 2 years, 29 at 3, and 2 at 4 years, all coming from poor homes, the majority suffering from one or more physical defects.

Minor ailments are usually treated at the school by the Staff but 56 attended the School Clinic for various defects. This does not include the number who received Artificial Sunlight treatment (9 boys, 3 girls) and the 18 children who attended for dental treatment. 4 children were operated upon at Greenbank Hospital for diseased tonsils and adenoids.

Minor ailments treated by the Staff included skin diseases 18, eye infection 3, discharging ears 13, septic sores 24, ringworm 1, and injuries 7.

NURSERY CLASSES.

As reported last year Nursery Classes have been established at the following schools in the poorer districts of the North end of the town:—Rise Carr Infants' School and Gurney Pease Infants' School under the Local Authority, and St. William's Roman Catholic (non-provided) Infants' School. Each of these has 30 on the rolls with an average attendance at the end of the year of 25. The admissions are mainly of the three and four year olds, and in practically every instance the child is suffering from one or more defects on admission as well as coming from poor home surroundings.

In the Rise Carr Department 27 children are in attendance and every eare is given to the health and well-being of each child. This year a very successful Mothers' Club has been formed by the Head Mistress. Meetings are held once monthly and the mothers undertake to make clothing for the children in attendance at the School. These meetings are well attended and the parents are keenly interested in their work.

In a special report Miss Kirkwood, the Head Teacher, points out how the nursery school children have more than held their own in educational attainments in spite of physical and environmental drawbacks, with the other children admitted directly at five years of age and not suffering from such defects. Without such attention many of these defective toddlers would have been on the scrap heap of education.

At the Gurney Pease School 29 were on the Register at the end of the year, with an average attendance of 28, a high proportion compared with the usual infants' school. Mainly owing to the individual efforts of the staff, mid-morning cocoa was given to every child.

At St. William's School the Sister-in-Charge has made the most of the open surroundings, and a very cheery atmosphere has been produced amongst the 26 little ones.

The success of these three Nursery Classes prompts me to press forward once more the ease for an Open-Air Nursery School in this area as soon as possible, for if such results can be attained in make-shifts, as exist at present, a very much wider scheme will be decidedly more fruitful.

SECONDARY SCHOOLS UNDER THE LOCAL AUTHORITY.

	On		Parents
	Register.	Inspected.	Present.
Grammar School for Boys	466	439	134
High School for Girls	428	329	152
Central Secondary Sehool	249	202	67
Junior Technical School	199	124	12
St. Mary's Grammar School	49	49	15
Immaeulate Conception School	24	5	5
	1,415	1,148	385
			

Classified Defects are shown in Appendix Table II. A.

For the past ten years, as in the Elementary Schools, routine Medical Inspections have taken place every term, so that children are examined as soon after their entrance as possible. Every pupil over 12 years is inspected annually and oftener if suffering from defects. All contacts of tuberculosis are examined twice a year. Parents are invited to be present, and attended in over 33% of instances.

Usually references for treatment are made in the first place to the Medical Attendant, but the same facilities are available as to Elementary School children at the School Clinic for those who cannot afford private treatment. Specialist attention for defective vision, dental defects and diseased tonsils and adenoids is arranged, usually during the vacation or after School hours. As many as 80 attended the School Clinic for prescription of glasses, 30 cases attended for minor ailments, and 212 for dental treatment. Re-inspections of 600 defects were made to ascertain progress. No arrangements are made to recover cost except in the Dental Department, where the usual charge of 6d. for one visit, and 1/- for complete treatment is made.

Dr. McFarlane comments on the high standard of physical efficiency and nutrition among the boys, but points out the two common defects (1) vision and (2) orthopædic troubles of minor character. Although the latter may be of little importance during school life, they cause disability later and exclude entrants from most of the Government services.

Dr. Brown states that at the High School for Girls the physical condition of the pupils was found to be excellent, and it is gratifying to note that, despite the increasing strain and pressure of homework and of preparation for examinations, a progressive improvement in the physical condition and general health of the pupils among the higher forms was observed. This satisfactory condition is attributed almost entirely to the high standard of personal hygiene which continues to be maintained in the school and to the efficiency with which the organised games are carried out.

Particular attention in remedial exercises has always been given to any postural defects found. Good results are being obtained in this work and much of the credit goes to the Physical Culture Mistress who gives much time and work to these cases. Special classes are formed—often after school hours—when each pupil is given suitable exercises for her particular deformity. Lacking any definite Orthopaedic Clinic as we do, we feel grateful for the work at the High School as it helps to remedy many defects which would otherwise have to go without any form of treatment.

Parents continue to attend the Medical Inspection in increased numbers and show themselves interested and anxious to have any defect remedied without delay.

RETURN OF MEDICAL INSPECTIONS—1932.

Table I.

A	-ROUTINE MEDICAL	INSPE	CTIONS	•		
	Number of Code Group	Inspecti	ons—			
	Entrants	****		***	••••	893
	Intermediates	• • • •	* * * *		• • • •	1,031
	Leavers	* * * *	• • • •	* * * *	• • • •	1,007
				Total	***	2,931
	Number of other Routi	ne Inspec	etions	••••	****	290
В	OTHER INSPECTION	NS.				
	Number of Special Insp		****	• • • •	• • • •	$5,\!560$
	Number of Rc-Inspecti		••••	••••	••••	7,142
				Total	•••	12,702
C	-SPECIAL SCHOOLS. OPEN AIR SCHOOL.					
	Number of Routin	e Inspect	ions			197
	Number of Re-Ins			ials	• • • •	329
				Total	••••	526
	BARNARD SCHOOL.					
	Number of Routin	c Inspect	ions	••••		89
	Number of Re-Ins			ials		55
				Total	••••	144
	NURSERY SCHOOL AND	CLASSES	8.			
	Number of Routin			***	••••	193
	Number of Re-Ins			ials	• • • •	142
				Total	• • • •	335

TABLE II.—A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1932.

	ROUT	INE IN	SPECTI	ONS	SP	ECIAL INS	PECTIO	NS	
		No. of J			No. of Defects				
DEFECT OR DISEASE	Requiri Treatine	Requiring Treatment		ng to be under vation anothering the tent		uiring atment	Requiring to be kept under observation but not requiring Treatment		
	Ele. Spe. Se	ec. Nur l	Ele. Spe.	See. Nur	Ele. Sp	e. Sec. Nur	Ele. Spe.	See. Nur	
Malnutrition	61 75	6 5	38 24	- 5	101 -	- 1 2	86 –	1 -	
SKIN— Ringworm: Scalp Body Scabies Impetigo Other Diseases (Non-Tuberculous)	0.1	1 - 1 3 6 36 3		 1 1	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	- 2 5			
Blepharitis	$ \begin{vmatrix} 1 & 1 & - \\ - & - & - \\ - & - & - \end{vmatrix} $ $ \begin{vmatrix} 130 & 4 & 2 \\ 23 & 4 \end{vmatrix} $	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	 107 3 15 5 2 -	1 18 5	47 - 85 - 1 - 6 - 114 - 20 - 93 -	15 -	- - 1 -	15 -	
EAR— Defective Hearing Otitis Media Other Ear Diseases	18 33 3 2 -	8 6 1 -	26 1 2 - 1 -	4 - - 2 - 1	16 - 139 - 93 -	2 4	$ \begin{array}{ccccccccccccccccccccccccccccccccccc$	3 - - 1 - 1	
NOSE AND THROAT— Enlarged Tonsils only Adenoids only Enlarged Tonsils & Adenoids Other Conditions Enlarged Cervical Glands (Non-Tuberculous) Defective Speech	$egin{bmatrix} 19 & 1 \ 47 & 5 \end{bmatrix}$	4 3 -	11 13 29 3 68 3 22 1 23 3 21 6	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	149 - 58 - 266 - 54 - 20 - 5 -	1 - 4 1 1 -	291 - 35 - 57 - 20 - 18 - 31 -	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
HEART & CIRCULATION— Heart Disease: Organic	$egin{bmatrix} - & 3 & - & - & - & - & - & - & - & - &$	1 -	$ \begin{array}{c cccccccccccccccccccccccccccccccccc$	24 4 13 - 58 8	$\frac{11}{37} = \frac{1}{37}$		60 - 3 - 26 -	5 - 3 1	
LUNGS— Bronchitis Other Non-Tuberculous Diseases	16 70	1 13	71 35 4 -	37 88 3 -	70 -		306 - 9 -	9 13	

Elc.—Elementary. Spe.—Special. See.—Secondary. Nur.—Nursery.

TABLE II.—continued.

		ROU	JTI	NE I	NSP	ECTI	ONS	3		SP	ECIA	L I	NSPE	CTI	ONS	- Miles
			N	o. of	Defe	ects					N	o. of	Defe	cts		
DEFECT OR DISEASE		Requ Trea	airing tmer	g	(Requiring to be kept under observation but not requiring Treatment		ler on g	Requiring Treatment			Requiring to be kept under observation but not requiring Treatment		:•		
	Ele.	Spe.	Sec.	Nur	Ele.	Spe.	Sec.	Nur	Ele.	Spe.	Sec.	Nur	Ele.	Spe	Sec.	Nur
TUBERCULOSIS— Pulmonary: Definite Suspected Non-Pulmonary: Glands Spine Hip Other Bones & Joints Skin Other Forms	_ _ _	9 5 1 6 5 7		111111	- - - 1 - 1	- - 2 - 1 - 1			10 1 8 4 2 2 9 4		- 1		3 - 4 1 1 - 1	111111		
NERVOUS SYSTEM— Epilepsy Chorea Other Conditions	4	6 6		1 1 1	1 10	1 - 2	-	- 1 2	17 12			- -	1 14 17			- - 1
DEFORMITIES— Rickets Spinal Curvature Other Forms	7 7 16	1	- 25 104		6 - 21	- - 5	4 4 29	35 - 2	37 5 11		- - 45	1 - -	18 - 37		- 3 3	1 -
Other Defects & Diseases	47	43	23	S	116	80	16	9	1185	-	20	15	379	-	18	9

Ele.—Elementary. Spe.—Special. Scc.—Secondary. Nur.—Nursery.

B. Number of *individual children* found at *Routine* Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

	NUMBER O	Percentage of	
GROUP	Inspected	Inspected Found to require Treatment	
(1)	(2)	(3)	(4)
CODE GROUPS:— Entrants	893 1,031 1,007	135 184 181	15·1 17·8 18·0
Total (Code Groups)	2,931	500	17.0
Other Routine Inspections	290	47	16:2

TABLE III.—Return of all Exceptional Children in the Area.

1			100		-
			Boys	Girls	Total
Blind (including	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution			
partiany china). (ii.) Si	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions	-	-	c1
Deaf (including	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions			
partially .	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions	-	-	c ₁
Mentally Defective.	Feebleminded.	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions	50	37	12
Notified trol A year.	Notified to the Local Control Authority during the year.	Feebleminded	so	-	4-1
Epilepties. Suffering epilepsy.	from severe	At Certified Sehools for Epileptics At Certified Residential Open-air Schools At Certified Day Open-air Schools At Public Elementary Schools At Other Institutions At other Institutions At no School or Institution	-	-	e3

TABLE III.—continued.

			Boys.	Girls.	Total.
Epileptics (continued)	Suffering from epilepsy which is not severe	Attending Public Elementary Schools At no School or Institution	C1	2	 L~
	Active pulmonary tuber- culosis (including pleura & intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		e ₃ -	
Physically Defective	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	L- 9	6 -	1 0 1 1 1
	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	c1 c1	9 1	e1 \omega
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	00 1	- es -	

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Total.	8 57 4 10 4	a 4	92 119 118		
Girls.	- x + - x	ee e1	377	- 🔅 👊	
Boys.	\$1 → \$1 →	m e1		10 0 -	
	try :::::::	iti.			
	Ministry	Ministry			: : : : : : :
	by the	by the		:::::::	:::::::
	At Sanatoria or Hospital Schools approved by the of Health or the Board At Certified Day Open-Air Schools At other Institutions At no School or Institution At no School or Institution	At Sanatoria or Hospital Schools approved of Health or the Board At Certified Day Open-Air Schools At Public Elementary Schools At other Institutions At no School or Institution	At Certified Residential Cripple Schools At Certified Day Cripple Schools At Certified Residential Open-Air Schools At Certified Day Open-Air Schools At Publie Elementary Schools At other Institutions At no School or Institution At no School or Institution	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Certified Residential Open-Air Schools At Certified Day Open-Air Schools At Public Elementary Schools At other Institutions At no School or Institution	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Certified Residential Open-Air Schools At Certified Day Open-Air Schools At Public Elementary Schools At other Institutions At other Institutions
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	Tuberculosis of other organs (skin, etc.).	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a ehild's normal mode of life.	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School
			e.e.		

TABLE IV.—Returns of Defects Treated during the Year ended 31st Dec., 1932.

TREATMENT TABLE.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

	Number of Defects treated or under treatment during the year						
DISEASE OR DEFECT	DISEASE OR DEFECT						
(1)			(2)	(3)	(4)		
SKIN—							
Ringworm—Scalp			26	4	30		
Ringworm—Body			37	5	42		
Seabies			75	1	76		
Impetigo			620	7	627		
Other Skin Disease	• • • •		203	10	218		
MINOR EYE DEFECTS							
(External and other, but	exelue	ding					
eases falling in Group II.)			252	5	257		
MINOR EAR DEFECTS			256	14	270		
MISCELLANEOUS					1		
(e.g., minor injuries, bruis	ses, s	ores.					
chilblains, etc.)			975	30	1,005		
	Total	l	2,449	76	2.525		

GROUP II.—DEFECTIVE VISION AND SQUÏNT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

		No. of Defects	dealt with.	
DISEASE OR DEFECT	Under the Authority's Scheme	Submitted to Refraction by private practitioner or at hospital, apart from Author- ity's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	595	3	11	611
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)			3	55
Total	647	5	1.4	666

Total number of children for whom spectacles were prescribed—
(a) Under the Authority's Scheme, 461. (b) Otherwise, 16.

Total number of children who obtained or received spectacles—
(a) Under the Authority's Scheme, 411. (b) Otherwise, 16.

TABLE IV. continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

		NUM	BER OF DEFECTS		_	
	F	Received Operative Treat	-			
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Author- ity's Scheme	Total	Received other forms of Treatment	Total number Treated	
-	(1)	(2)	(3)	(4)	(5)	
	294	1	295	382	677	

GROUP IV.—DENTAL DEFECTS.

- (1) Number of children who were—
 (a) Inspected by the Dentist:
 Aged:
 - 781 5 820 1001 1062 9 1087 | Total 7452 0.6 92 11 955 12 875 13 666 1.4 43 Specials 914

Grand Total 8366

(b) Found to require treatment 5043 (c) Actually treated 2919

- (2) Half-days devoted to:— Inspection, 63; Treatment. 367. Total, 430.
- (3) Attendances made by children for treatment, 3,606.
- (4) Fillings:—
 Permanent Teeth, 918: Temporary Teeth,—.
 Total, 918.
- (5) Extractions :—
 Permanent Teeth, 797 : Temporary Teeth, 3477.
 Total, 4274,
- (6) Administrations of general anæsthetics for extractions,—.
- (7) Other operations:—
 Permanent Teeth, 359; Temporary Teeth, 42.
 Total, 401.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses, 11.
- (ii.) Total number of examinations of children in the Schools by School Nurses, 17,065.
- (iii.) Number of individual children found unclean, 652.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority. —.
- (v.) Number of cases in which legal proceedings were taken:
 - (a) Under the Education Act. 1921, --.
 - (b) Under School Attendance Bye-Laws, —.

TABLE V.—Dental Examinations.

TABLE V.—Dental Examinations.										
SCHOOL	SCHOOL			No. of Children examined			. r equiri treatmer		No. of children	Per- centage
	.		Boys	Girls	Total	Boys	Girls	Total	treated	
Albert Road Alderman Leach Arthur Pease Beaumont Street Bondgate Borough Road Cockerton Corporation Road Dodmire Gurney Pease Harrowgate Hill Haughton Holy Family Holy Trinity North Road Reid Street Rise Carr St. Augustine's St. John's St. William's Central Secondary			339 129 36 246 160 148 69 228 319 56 199 140 48 62 149 445 172 307 260 63 56	121. 103 258 115 167 109 519 332 81 221 112 64 91 504 183 147 275 251 55 52	339 250 139 504 275 315 178 747 651 137 420 252 112 153 653 628 319 582 511 118 108	188 85 10 138 105 85 42 137 197 41 117 103 32 29 85 210 108 163 148 42 30	88 54 111 74 97 68 296 203 52 140 89 36 42 286 110 95 150 153 44 38	188 173 64 249 179 182 110 433 400 93 257 192 68 71 371 320 203 313 301 86 68	70 69 14 123 48 64 56 192 191 50 130 104 16 10 212 177 92 151 153 44 48	37·2 39.8 21·8 48·0 38·6 35·2 51·0 44·3 47·8 53·7 50·6 54·1 23·6 14·0 57·2 55·3 45.3 48·3 50·9 51·1 70·1
Grammar High Junior Technical Kendrew St. Centre Open-Air Barnard Nursery	•••		74 74 169 63 40 46	72 	74 72 74 169 127 70 90	35 77 41 13 16	38 - 40 9 14	49 38 35 77 81 22 30	7 14 20 39 37 7 18	14·2 36·8 57·1 50·6 45·6 31·8 60·0
Total	•	• • •	4097	3970	8067	2326	2327	4653	2156	46.4